

**HEALTH SERVICES AND DEVELOPMENT AGENCY MEETING
APRIL 25, 2018
APPLICATION SUMMARY**

NAME OF PROJECT: Christian Care Center of Bolivar

PROJECT NUMBER: CN1712-036

ADDRESS: Unaddressed site on Highway 64 and Lucy Black Road
Bolivar (Hardeman County), Tennessee 38008

LEGAL OWNER: Christian Care Center of Bolivar, LLC
2020 Northpark Drive, Suite 2D
Johnson City (Washington County), Tennessee 37604

OPERATING ENTITY: Care Centers Management Consulting, Inc.
2020 Northpark Drive, Suite 2D
Johnson City (Washington County), Tennessee 37064

CONTACT PERSON: Jerry W. Taylor, Attorney
(615) 724-3247

DATE FILED: December 12, 2017

PROJECT COST: \$9,702,271.11

FINANCING: Commercial Loan

REASON FOR FILING: A 67 bed replacement nursing home created by relocating and replacing the 67 bed inactive Pleasant View Health Care Center. *The nursing home beds in this project are NOT subject to the 125 bed Nursing Home Bed Pool for the July 2017-2018 state fiscal year period.*

DESCRIPTION:

Christian Care Center of Bolivar, LLC (CCC of Bolivar) is seeking approval for the relocation and replacement of Pleasant View Health Care Center (Pleasant View), a 67-bed skilled nursing home located at 214 North Water Street in Bolivar (Hardeman County), TN. CCC of Bolivar acquired Pleasant View Health

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Care Center in July 2017 who had voluntarily suspended operations and was in the process of transitioning residents from the facility. By September 1, 2107, operations remained voluntarily suspended and no residents remained at the facility. The applicant subsequently received approval from the Tennessee Department of Health for an inactive license effective October 4, 2017. The proposed 67-bed replacement facility will be constructed at an undeveloped and unaddressed 6.8 acre site at the intersection of Highway 64 and Lucy Black Road in Bolivar (Hardeman County), TN, a distance of approximately 3.7 miles from the existing nursing home and 3.5 miles from downtown Bolivar. If approved, the replacement facility will resume services as a 67-bed skilled nursing home with all beds being dually certified for TennCare and Medicare, as they were prior to the suspension of services. Since no new beds are being requested, the proposed project is not subject to the 125-bed Nursing Home Bed Pool for the 2017-2018 state fiscal year period.

Not to Agency members: T.C.A. § 68-11-1627 permits the replacement of one or more currently licensed nursing homes with one single nursing home.

SERVICE SPECIFIC CRITERIA AND STANDARD REVIEW

CONSTRUCTION, RENOVATION, EXPANSION, AND REPACEMENT OF HEALTH CARE INSTITUTIONS

1. Any project that included the addition of Beds, Services, or Medical Equipment will be reviewed under the standards for those specific activities

Not applicable to this application.

2. For relocation or replacement of an existing licensed health care institution:
 - a. The applicant should provide plans which include costs for both renovation and relocation, demonstrating the strengths and weaknesses of each alternative.

Per clarification Health Services and Development Agency staff received on April 10, 2018 from Eddie J. Stewart, Licensure Supervisor, Office of Health Care Facilities, Division of Health Licensure and Regulation, Tennessee Department of Health, the effective date of the applicant's purchase of Pleasant View Health Care Center and Change of Ownership was July 21, 2017. As noted, the applicant collaborated with the prior owner to voluntarily suspend

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operations and by September 1, 2017, the transfer of all residents was complete. Approval was granted by the Board for Licensing Health Care Facilities, Tennessee Department Health for an inactive nursing home license effective October 4, 2017. At the time of acquisition, Pleasant View was not operationally feasible, the physical plant was outdated, inefficient, and believed to be unsafe for frail patients.

Renovation was not considered at the current facility based upon a number of factors, including, at a minimum, the age and condition of the building (constructed in 1955), and patient safety concerns. The applicant states that the cost to modernize the facility with additional space for private rooms, dining, patient bathing, recreation and therapy was impractical and not feasible. Note: A comprehensive overview of the physical plant's current deficits, including the design features planned for the proposed replacement facility, and the limitations of the 1.572 acre site at the current location, can be found on pages 3-5 and page 9, respectively, of the applicant's December 20, 2017 supplemental response (Supplemental 1).

The applicant appears to meet this criterion.

- b. The applicant should demonstrate that there is an acceptable existing or projected future demand for the proposed project.**

The applicant projects 46.9% occupancy in Year 1 of the project and 89.5% occupancy in Year 2 of the project.

It appears this criterion has been met.

3. For renovation or expansions of an existing licensed health care institution:

- a. The applicant should demonstrate that there is an acceptable existing demand for the proposed project.**

Not applicable to this application.

- b. The applicant should demonstrate that the existing physical plant's condition warrants major renovation or expansion.**

Not applicable to this application.

Staff Summary

The following information is a summary of the original application and all supplemental responses. Any staff comments or notes, if applicable, will be in bold italics.

Application Synopsis

The proposed project will involve the relocation of the 67 bed dually certified, skilled nursing facility, Christian Care Center of Bolivar (CCC of Bolivar), formerly known as Pleasant View Health Care Center (Pleasant View), from its current location on a 1.572 acre lot at 214 North Water Street, in Bolivar (Hardeman County), Tennessee to a newly constructed 67 bed replacement facility located approximately 3.7 miles from the current facility on an unaddressed site at the intersection of Tennessee State Highway 64 and Lucy Black Road in Bolivar, Tennessee pursuant to T.C.A. § 68-11-1627.

As noted, CCC of Bolivar acquired Pleasant View in July 2017. The applicant collaborated with the prior owner to voluntarily suspend services and transition patients from the facility with the result that all patients were discharged by September 1, 2017. CCC of Bolivar has decided not to renovate the existing facility in light of its findings that the physical plant is significantly deficient, deteriorated and unsafe for frail skilled patients. As a result, the applicant requested and was granted an inactive license by the Board for Licensing Health Care Facilities, Tennessee Department of Health effective October 2018. ***Note to Agency Members: A copy of the October 18, 2018 approval letter from Ann Rutherford Reed, RN, BSN, MBA, Director of Licensure, Division of Health Care facilities, Tennessee Department of Health, was provided by the applicant in Supplemental 1.***

The applicant's Certificate of Need proposal involves the construction of a new state of the art nursing home on a 6.8 acre undeveloped site in Bolivar. The new replacement facility will contain a total of 41,200 square feet (SF) with 39 private and 28 semi-private beds, a significant expansion from the former Pleasant View 20,000 SF facility that housed 12 private and 55 semi-private beds. The applicant anticipates that the project will take approximately 24 months to complete subject to licensure by the Division of Health Care Facilities, Tennessee Department of Health in March 2020. ***Note to Agency Members: The replacement facility's private and semi-private bed complement was clarified on page 5 of Supplemental 1.***

The applicant states the replacement nursing home will seek accreditation by the Joint Commission for Accreditation of Healthcare Organizations, licensure by the Tennessee Department of Health, and dual certification for participation in

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TennCare and Medicare. The proposed new facility is designed to allow residents freedom of movement, outdoor enjoyment, and spacious rooms in a home-like environment. Clinical services will include, at a minimum, skilled nursing care services, physical, occupational and speech therapy services, and specialized pharmacy, respiratory, nutritional, mental wellness and wound care services. The service area, total number of beds and dual certification status of the replacement facility will not change as a result of the project.

Ownership

- CCC of Bolivar, a single member Tennessee limited liability company (LLC) was formed on July 6, 2017. Its sole member is J. R. "Randy" Lewis who has over 35 years of experience in owning and operating nursing homes through affiliated companies.
- The applicant plans on negotiating a management consulting services agreement with Care Centers Management Consulting, Inc. (CCMC).
- Per Item 2 of Supplemental 1, CCMC is owned by Diversified Ventures Inc. and the sole shareholder is J.R "Randy" Lewis. CCMC and its affiliates own and/or operate seven skilled nursing facilities in Tennessee and one facility in Kentucky.
- Review of the biographical information provided for Care Centers in Item 3 of Supplemental 1 revealed that consulting services include, but are not limited to, clinical compliance and management, billing, accounting, plant operations, risk management and other administrative duties.
- An organizational chart is located in Attachment Section A-4A-2 of the original application.

Facility Information

- The applicant proposes to construct a single-story 67 bed replacement facility that will consist of a 41,200 square foot (SF) main building. Approximately 14,925 SF or 39.4% of the main building will contain 39 private beds and 28 semi-private beds, inclusive of dedicated space for patient bathing.
- The facility will also include 3,101 SF for nursing areas (includes 2 nursing stations), 3,473 SF for dining/kitchen, 2,350 SF for dayroom/activities, an interior courtyard, and 2,102 SF for therapy services.
- A Square Footage Chart Floor and floor plan drawing are included in the application (page 12 and Attachment A-6, Section B, 2).

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History

As a newly formed limited liability company, the applicant has no prior Certificate of Need history. However, CCC of Bolivar, LLC's sole member, J.R. "Randy" Lewis, has ownership interests in previously approved Certificate of Need replacement facility projects, including Oaktree Health and Rehabilitation Center, LLC d/b/a Christian Care Center of Memphis, LLC, CN0908-045AME (completed December 2015), and Christian Care Center of Bristol, LLC, CN1404-012AE (completed September 2017). Mr. Lewis also has ownership interests in a pending application, Christian Care Center of Medina, LLC, CN1802-006, that will be heard at the June 27, 2018 Agency meeting.

The highlights below summarize the Certificate of Need history of the proposed project:

- **July 21, 2017** - Pleasant View Health Care Center is acquired by the Christian Care Center of Bolivar, LLC.
- **September 2017**- In collaboration with the prior owner, the voluntarily suspension of patient care services continues and the transfer of all residents is completed.
- **October 4, 2017**- The facility is granted an inactive license by the Board for Licensing Health Care Facilities, Tennessee Department of Health.

NEED

Project Need

- In Hardeman County there are 201 total beds, including the applicant's 67 licensed but inactive beds. According to the bed need formula published by the Tennessee Department of Health, 217 total nursing home beds will be needed by the year 2019.
- The applicant notes the proposed project is aligned with recently revised standards for Nursing Home Services in the 2014 State Health Plan which encourages facility modernization.
- Although no new nursing home beds are proposed by the applicant, the project will improve the availability of private nursing home rooms in the service area. If approved, the number of private beds available at the applicant's facility and Pine Meadows Healthcare in Hardeman County would increase from 14 total private beds to 41 total combined private beds at project completion in 2020.

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Service Area Demographics

CCC of Bolivar, LLC's declared service area consists of Hardeman County.

- The total population is expected to decrease by .05% from 27,287 residents in 2017 to 27,274 residents in 2021.
- The overall statewide population is projected to grow by 4.37% from 2017 to 2021.
- The Hardeman County 2017 age 65 and older category (applicant's target population) will increase by approximately 10.43% from 4,774 residents in 2017 to 5,272 residents in 2021 compared to a projected statewide increase of 16.04%.
- The 65 and older population cohort presently accounts for approximately 19.0% of the total county population compared to a statewide average of 18%.
- The number of service area residents enrolled in the TennCare program is estimated at approximately 6,904 or 25.3% of Hardeman County's total population compared with a statewide average of 22.7%.

Service Area Historical Utilization

There are two (2) existing nursing homes in Hardeman County, including the inactive former Pleasant View Health Care Center acquired by the applicant in September 2017. Their utilization is summarized in the following table.

Hardeman County Nursing Home Utilization

Nursing Home	2017 Lic.'d Beds	2014 Patient Days	2015 Patient Days	2016 Patient Days	'14- '16 % Change	2014 % Occ.	2015 % Occ.	2016 % Occ.
Pine Meadows	134	46,570	42,486	45,729	-1.8%	95.2%	86.7%	93.5%
Pleasant View	67	21,648	21,648*	19,054	-11.9%	88.5%	88.5%	77.9%
Total	201	68,218	64,134	64,783	-5.0%	91.9% (avg.)	87.6% (avg.)	85.6% (avg.)

**As reported by prior owner to TDH*

Source: Supplemental 1, page11R, Nursing Home JAR, 2014-2016

- Total patient days of the combined 2 licensed nursing homes in Hardeman County decreased by approximately 5.0% from 2014-2016.
- Utilization declined in both nursing homes from 2014 -2016.

2016 bed occupancy ranged from 77.9% at the former Pleasant View Health Care Center (67 beds) to 93.5% at Pine Meadows Healthcare Center (134 beds). The utilization table below reflects the following:

Hardeman County Nursing Home Utilization-2016

Year	Lic.'d Beds	MCARE Certified Beds	Dually Certified beds	Level 1 MCAID Certified Beds	SNF MCARE ADC	Level 2 MCAID	Skilled Other Payors ADC	Non skilled ADC	Total ADC
Pine Meadows	134	0	44	90	14.4	2.5	1.10	107	125
Pleasant View	67	0	67	0	5	1.4	0	45.6	52
Total	201	0	111	90	19.4	3.9	1.10	152.6	177

Source: Supplemental 1, replacement page 11

- The combined non-skilled patient utilization of nursing homes in Hardeman County accounted for the highest percentage (86.2%) of total combined utilization in 2016.
- The combined Medicare skilled patient utilization averaged approximately 19.4 patients per day in 2016.

The table below highlights the applicant's projected utilization in the first two years of the project.

Christian Care Center of Bolivar, LLC Projected Utilization

Year	Lic.'d Beds	MCARE Certified beds	Dually Certified Beds	SNF MCARE ADC	Level 2 MCAID ADC	Skilled Other payors ADC	Non Skilled ADC	Total ADC	Lic.'d Bed Occ.
Year 1	67	0	67	6	2	3	20	31	47%
Year 2	67	0	67	8	4	5	43	60	90%

Source: Supplemental #1, replacement page 11

- CCC of Bolivar, LLC estimates the licensed occupancy of the new replacement 67-bed nursing home will increase from 47.0% in Year 1 of the project to 90.0% in Year 2.
- The applicant projects that the Medicare skilled patient mix and the non-skilled patient mix will account for approximately 13.3% and 71.7%, respectively, of the nursing home's total utilization in the second year of the project.

ECONOMIC FEASIBILITY

Project Cost

The replacement facility will be owned and constructed by Hardeman County Real Estate Investors, LLC, (HCR). Related to the applicant through common

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ownership by its sole member, J.R. "Randy" Lewis, HCR will lease the facility to the applicant. Major costs of the project are as follows:

- Construction plus Contingency - \$7,210,000.00 and \$504,700 for a total of \$7,714,700.00 or approximately 79.5% of the total project total cost.
- Facility Lease - \$7,680,000 for initial ten year lease.
- Fixed Equipment - \$945,642 or 11.0% of total cost.
- For other details on Project Cost, see the Project Cost Chart on page 25 of the original application.
- As reflected in the chart on page 12 of the application and summarized in the table below, the proposed construction cost of the applicant's replacement facility is \$175.00/PSF and falls between the 1st quartile (\$174.53/SF) and the Median (\$181.72/SF) costs of statewide nursing home construction projects from 2014 to 2016.

**Nursing Home Construction Cost per Square Foot (SF)
2014-2016**

	Renovated Construction	New Construction	Total Construction
1st Quartile	\$6.51/SF	\$174.53/SF	\$90.46/SF
Median	\$58.39/SF	\$181.72/SF	\$158.75/SF
3rd Quartile	\$90.46/SF	\$188.39/SF	\$181.72/SF

Source: HSDA Applicant's Toolbox as of 4/5/2018

Financing

As noted, the proposed replacement facility will be constructed by Hardeman County Real Estate Investors, LLC (HCR) and leased to the applicant for an initial ten (10) year period at a cost of approximately \$7,680,000.00. A copy of a fully executed lease between HCR and the applicant was provided in the first supplemental response (Supplemental 1). HCR will secure financing for construction of the replacement facility through a \$9,702,272.00 commercial loan issued by the Bank of Tennessee. A December 20, 2017 letter from Scarlett M. Dale, SVP, Carter County Bank A, Bank of Tennessee, was provided in the first supplemental response that identifies the terms of the construction loan.

As noted on page 35 of the application, Christian Care Center, LLC is a newly formed Tennessee limited liability company for which no financial data exists. However, the applicant alleges that financial stability and viability will be assured through a \$1,000,000.00 operating line of credit. A December 6, 2017 letter from Scarlett Dale, SVP, was provided in the application that confirms the availability of a \$1,000,000.00 one (1) year renewable line of credit for the operation of the applicant's replacement nursing home.

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Net Operating Margin Ratio

- The applicant projects a net operating margin ratio for the total facility of -0.11% in Year 1 improving to a favorable margin of 0.16% in Year 2.
- The net operating margin of the former Pleasant View Health Care Center was an unfavorable margin of -0.033 in 2016.

Note to Agency Members: The net operating margin demonstrates how much revenue is left over after all the variable or operating costs have been paid.

Capitalization Ratio

- The applicant states that this does not apply to the proposed project since Christian Care Center of Bolivar, LLC is a newly formed entity.

Note to Agency Members: The capitalization ratio measures the proportion of debt financing in a business's permanent financing mix.

Historical Data Chart

The applicant provided a Historical Data Chart for the former inactive Pleasant View Health Care Center 67 bed licensed skilled nursing home for the 2015 and 2016 calendar year (CY) periods (*Note: 2014 data was not available*). Although the applicant is a newly formed entity with no prior record of financial performance, the Historical Data Chart provided in the original application may help to illustrate the financial performance of the nursing home under previous ownership.

- The former Pleasant View Health Care Center reported a net income loss of -\$182,389.00 after depreciation and interest in CY2016, from favorable net income of \$154,501.000 in CY 2015.

Projected Data Chart

The applicant projects \$3,177,082.13.00 in total gross revenue on 11,476 total patient days in Year 1 increasing by 78.7% to \$5,676,225.99 in Year 2, as the facility census increases from an occupancy of 46.9% to 89.5% during the period. Projected favorable net income of \$492,595.53 is anticipated in Year 2.

The Projected Data Chart also reflects the following:

- Deductions from operating revenue for bad debt are estimated at \$25,744.99 in Year Two.
- Deductions for charity care are \$40,186.05 in Year One increasing to \$74,091.70 or approximately 1.3% of total gross operating revenue in Year Two of the replacement facility's operations.

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Charges

Summarizing from the revised table on replacement page 34-R2 of the application, the average patient daily charges are as follows:

- The proposed average gross per diem charge is \$276.85/day in Year 1 decreasing to \$259.19/day in Year 2, from \$254.35/day in 2016 under previous ownership.
- The applicant's projected net charge after contractual adjustments amounts to \$235.65/day in Year 2, compared to \$190.86/day in 2016.

Note to Agency Members: Section 4432(a) of the Balanced Budget Act of 1997 changed how payment is made for Medicare skilled nursing facility services from a cost based to a per-diem prospective payment system (PPS) covering all costs (routine, ancillary and capital) related to the services furnished to beneficiaries under Part A of the Medicare program. Under PPS, payments for each admission are case-mix adjusted to classify residents into a Resource Utilization Group (RUG) category based on data from resident assessments and relative weights developed from staff time data. Source: "Skilled Nursing Facility PPS", CMS.gov.

Medicare/TennCare Payor Mix

- Medicare/Managed Medicare - As clarified in replacement page R-36 of the application, projected Medicare gross operating revenue is \$1,102,447.00 or approximately 34.7% of \$3,177,082 total gross operating revenue in Year 1.
- TennCare/Medicaid - Expected to account for the highest portion (53.09%) of total gross operating revenue in Year 1.

PROVIDE HEALTHCARE THAT MEETS APPROPRIATE QUALITY STANDARDS

Licensure

- If approved, CCC of Bolivar will be licensed by the State of Tennessee.
- A copy of the most recent survey dated March 23, 2016 for the former inactive Pleasant View Health Care Center is located at Attachment B Orderly Development, 4.B in the application.

Certification

- The applicant will seek certification for provider participation in TennCare and Medicare.

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Accreditation

- The applicant intends to seek Joint Commission accreditation for the proposed replacement nursing home.

Other Quality Standards

- In the first supplemental response the applicant commits to obtaining and/or maintaining the following:
 - Staffing levels comparable to the staffing chart presented in the CON application. The applicant will maintain appropriate staffing levels but notes the exact number of staffing positions may fluctuate with the census.
 - Licenses in good standing
 - TennCare/Medicare certifications
 - The applicant is a new operator of the facility so it does not have a three year history to report regarding compliance with federal and state regulations; however the applicant does include the previous owner's licensure survey and accepted Plan of Correction.
 - The applicant is a new operator but believes the previous owner has not been decertified in last three years.
 - Self-assessment and external peer assessment processes.
 - Data reporting, quality improvement and outcome/process monitoring systems.
 - Documents the availability of a Quality Assurance and Performance Improvement Program Manual.

CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTHCARE

Agreements

- The applicant plans to develop agreements with two hospitals located in Jackson (Madison County), Milan General Hospital in Gibson County and other healthcare service providers. A list of the potential vendors is included in the attachments of the original application.

Impact on Existing Providers

- The proposal will not have any negative impact on other providers as the applicant is not requesting additional licensed beds.

Staffing

The applicant provided the facility staffing complement in the table on page R-36 of the application. Total direct care patient staffing is expected to be approximately 7.26 hours per patient day (PPD), including 6.31 nursing hours

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PPD in Year 1 of operations. The nursing staffing in full time equivalents in Year 1 is shown below.

- 4.20 FTE-Registered Nurses
- 7.0 FTE-LPN's
- 19.6 FTE-Nurse Aides
- 30.8 Total FTEs

Ownership and property documentation are on file at the Agency office and will be available at the Agency meeting.

Should the Agency vote to approve this project, the CON would expire in **two** years.

CERTIFICATE OF NEED INFORMATION FOR THE APPLICANT

Note: the sole member of the applicant, J.R. "Randy" Lewis, has financial interests in this and other Certificate of Need projects as follows:

Pending Applications

Christian Care Center of Medina, LLC, CN1802-006, has a pending application that will be heard at the June 27, 2018 Agency meeting for the relocation of Christian Care Center of Medina, f/k/a Milan Health Care Center, a 66 bed dually certified nursing home, from its current location at 8060 Stinson Road, Milan (Gibson County), TN to an undeveloped site approximately 10 miles away on State Highway 45E and Sonic Drive in or near the city limits of Medina (Gibson County), TN. The proposed newly constructed facility is under new ownership and renamed Christian Care Center of Medina. **The estimated project cost is \$10,172,313.00.**

There are no other Letters of Intent, denied, pending, or outstanding Certificates of Need for this applicant.

CERTIFICATE OF NEED INFORMATION FOR OTHER SERVICE AREA FACILITIES:

There are no Letters of Intent, denied, pending applications, or outstanding Certificates of Need for other health care organizations in the service area proposing this type of service.

PLEASE REFER TO THE REPORT BY THE DEPARTMENT OF HEALTH, DIVISION OF HEALTH STATISTICS, FOR A DETAILED ANALYSIS OF

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THE STATUTORY CRITERIA OF NEED, ECONOMIC FEASIBILITY, HEALTH CARE THAT MEETS APPROPRIATE QUALITY STANDARDS, AND CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE IN THE AREA FOR THIS PROJECT. THAT REPORT IS ATTACHED TO THIS SUMMARY IMMEDIATELY FOLLOWING THE COLOR DIVIDER PAGE.

PME/PJG (04/13/2018)

LETTER OF INTENT



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LETTER OF INTENT TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

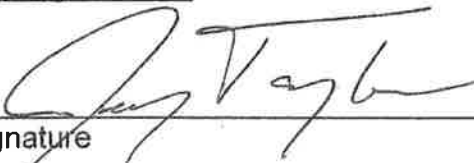
The Publication of Intent is to be published in the Bolivar Bulletin Times which is a newspaper of general circulation in Hardeman County, Tennessee, on or before December 7, 2017 for one day.

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This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that Christian Care Center of Bolivar, LLC, a Tennessee Limited Liability Company which will have a consulting agreement with Care Centers Management Consulting, Inc., intends to file an application for a Certificate of Need for the relocation of Pleasant View Health Care Center and the construction of a replacement facility. The facility is currently located at 214 North Water Street, Bolivar, Tennessee. The location for the proposed replacement facility is an undeveloped site on State Highway 64 at the intersection of Lucy Black Road in or near the city limits of Bolivar, Tennessee in Hardeman County. Pleasant View Health Care Center is currently licensed for 67 skilled nursing beds by the Tennessee Board for Licensing Health Care Facilities, and the beds and facility will retain this licensure status. No new services are being initiated, and no additional beds are sought. The total estimated project cost is \$9,750,000.00.

The anticipated date of filing the application is December 12, 2017.

The contact person for this project is Jerry w. Taylor, Attorney who may be reached at: Burr & Forman, LLP, 511 Union Street, Suite 2300, Nashville, Tennessee, 37219, 615-724-3247; jtaylor@burr.com


Signature

12-7-17
Date

The published Letter of Intent contains the following statement: Pursuant to T.C.A. § 68-11-1607(c)(1): (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

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HF0051 (Revised 05/03/04 – all forms prior to this date are obsolete)

**Application
(COPY)**

**Christian Care Center of
Boliver**

CN1712-036

CERTIFICATE OF NEED APPLICATION

FOR

CHRISTIAN CARE CENTER OF BOLIVAR

**The Relocation and Replacement of a 67 Bed
Skilled Nursing Facility**

Hardeman County, Tennessee

December 12, 2017

Contact Person:

**Jerry W. Taylor, Esq.
Burr & Forman, LLP
511 Union Street, Suite 2300
Nashville, Tennessee 37219
615-724-3247**



CERTIFICATE OF NEED APPLICATION

SECTION A: APPLICANT PROFILE

1. Name of Facility, Agency, or Institution

Christian Care Center of Bolivar, f/k/a Pleasant View Health Care Center
Name

Unaddressed site on Highway 64 and Lucy Black Road
Street or Route

Hardeman
County

Bolivar
City

TN
State

38008
Zip Code

Website address: N/A

*Note: The facility's name and address **must be** the name and address of the project and **must be** consistent with the Publication of Intent.*

2. Contact Person Available for Responses to Questions

Jerry W. Taylor
Name

Attorney
Title

Burr & Forman, LLP
Company Name

jtaylor@burr.com
Email address

511 Union Street, Suite 2300
Street or Route

Nashville
City

TN
State

37219
Zip Code

Attorney
Association with Owner

615-724-3247
Phone Number

615-724-3248
Fax Number

NOTE: **Section A** is intended to give the applicant an opportunity to describe the project. **Section B** addresses how the project relates to the criteria for a Certificate of Need by addressing: Need, Economic Feasibility, Contribution to the Orderly Development of Health Care, and the Quality Measures.

Please answer all questions on 8½" X 11" white paper, clearly typed and spaced, single or double-sided, in order and sequentially numbered. In answering, please type the question and the response. All questions must be answered. If an item does not apply, please indicate "N/A" (not applicable). Attach appropriate documentation as an Appendix at the end of the application and reference the applicable Item Number on the attachment, i.e., Attachment

3. SECTION A: EXECUTIVE SUMMARY

A. Overview

Please provide an overview not to exceed three pages in total explaining each numbered point.

- 1) Description – Address the establishment of a health care institution, initiation of health services, bed complement changes, and/or how this project relates to any other outstanding but unimplemented certificates of need held by the applicant;**

Pleasant View Health Care Center is a 67 bed skilled nursing facility located in Bolivar, Hardeman County. Effective September 1, 2017 Pleasant View was acquired by Christian Care Center of Bolivar, LLC ("CCC of Bolivar"). At the time of the acquisition, Pleasant View was financially distressed, and the condition of the physical facility was extremely poor and believed to be unsafe for frail SNF patients. Upon the acquisition by CCC of Bolivar, operations at the facility were temporarily voluntarily suspended and the license was placed in Inactive Status by the Board for Licensing Health Care Facilities.

CCC of Bolivar seeks authorization to relocate the nursing home and construct a replacement facility at another site in Hardeman County. No new services will be initiated and no new beds are sought. The replacement facility will resume services as a 67 bed skilled nursing facility, with all beds being dually certified for TennCare and Medicare, as they were prior to the suspension of services.

The site for the proposed replacement facility is an undeveloped 6.8 acre undeveloped tract at the intersection of Highway 64 and Lucy Black Road, approximately 3.5 miles from downtown Bolivar and approximately 3.7 miles from the current Pleasant View facility.

The site and building currently housing Pleasant View will be donated to The Warriors Center, a not-for-profit organization that provides faith based substance abuse recovery services, transitional housing, and food to men, women and Veterans. For more information on The Warriors Center please go to www.warriorscenter.org.

- 2) Ownership structure;**

Christian Care Center of Bolivar, LLC is a newly formed single member Tennessee limited liability company. Its sole member is J. R. "Randy" Lewis.

CCC of Bolivar will enter into a consulting agreement with Care Centers Management, Inc. The sole shareholder of Care Centers Management, Inc. is Diversified Ventures, Inc. The sole shareholder of Diversified Ventures, Inc. is J. R. "Randy" Lewis.

The facility will be built and owned by Hardeman County Real Estate Investors, LLC and leased to the applicant. The sole member of Hardeman County Real Estate Investors, LLC is J. R. Randy" Lewis.

3) Service area; 21

The service area is Hardeman County, Tennessee. According to the most recent Joint Annual Report (from the previous owner), 55 of 56 patients of Pleasant View in 2016 were residents of Hardeman County.

4) Existing similar service providers;

There is one nursing home in the service area in addition to Pleasant View. Pine Meadows Healthcare and Rehabilitation Center is a 134 bed skilled nursing facility. Its average annual occupancy rate in 2016 was 93.5%.

5) Project cost;

The total estimated project cost not including the filing fee is \$9,646,802. The largest single cost component is land acquisition and construction costs totaling \$8,007,700 (including contingency). The next largest costs are for furniture, fixtures and equipment (\$974,102) and interim financing (\$280,000).

6) Funding;

Funding for construction is available through a commercial mortgage loan. Working capital is available through a Line of Credit from a commercial lender.

7) Financial Feasibility including when the proposal will realize a positive financial margin; and

The project is financially feasible. As reflected on the Projected Data Chart, Year 1 is expected to yield an operating loss, but the project will be profitable in Year 2 and thereafter.

8) Staffing.

The proposed staffing plan calls for approximately 41 FTE direct patient care positions and 15 non-direct patient care positions. The staffing pattern is set forth in more detail in the Contribution to Orderly Development section of this application.

B. Rationale for Approval

A certificate of need can only be granted when a project is necessary to provide needed health care in the area to be served, can be economically accomplished and maintained, will provide health care that meets appropriate quality standards, and will contribute to the orderly development of adequate and effective health care in the service area. This section should provide rationale for each criterion using the data and information points provided in Section B. of this application. Please summarize in one page or less each of the criteria:

1) Need;

This project will result in no new licensed beds in the service area; it is a relocation of existing licensed beds and a replacement facility only.

Under the bed need formula there is²² a need for an additional 16 beds in Hardeman County in 2019. According to calculations by the Department of Health, there will be a need for 217 Medicare certified nursing home beds in Hardeman County in 2019. There are currently 201 licensed Medicare certified beds, including the 67 licensed but inactive beds at Pleasant View which the applicant seeks to relocate within the county. This application will not add any new beds to the county. In 2016 Pleasant View had an average annual occupancy rate of 77.9%. In 2015 its average annual occupancy rate was 88.5%.

There is one nursing home in the service area in addition to Pleasant View. Pine Meadows Healthcare and Rehabilitation Center is a 134 bed skilled nursing facility. Its average annual occupancy rate in 2016 was 93.5%. 132 of Pine Meadow's 134 beds are semi-private. Due to gender separation issues this often makes the practical utilization even higher than the average occupancy rate.

No publicly available data exists for utilization of Pine Meadows since Pleasant View voluntarily suspended operations. Pine Meadows does not have the capacity to absorb all of Pleasant View's patient days, so some number of Hardeman County patients are presumably having to leave the county in order to get a nursing home bed. If this application is approved, Pleasant View (to be renamed Christian Care Center of Bolivar) will resume operations and give Hardeman County residents an additional option for nursing home care and improve access to beds.

The 67 beds at Pleasant View are needed in the service area, and can only be available if the relocation and replacement facility are authorized.

2) Economic Feasibility;

The project is economically feasible. As reflected on the Projected Data Chart, Year 1 is expected to yield an operating loss, but the project will be profitable in Year 2 and thereafter.

No more cost effective or efficient options were identified. The current building is significantly deficient in many areas, making the option of renovating the existing facility impractical and not feasible.

Continuing to operate the facility while the new replacement facility is being built was determined to be a potential hazard to frail SNF patients and as such was rejected as an option for that reason. In addition, the proposed replacement facility will be an up-to-date facility, and will provide significantly more private beds than is the case at the current facility. For this reason, the only viable option is to temporarily suspend operations while the new replacement facility is sought and built.

3) Appropriate Quality Standards; and

Cares Centers Management Consulting, Inc. and its affiliates are experienced owners and operators of long term care facilities, owning and/or operating seven skilled nursing facilities in Tennessee, and one in Kentucky. Care Centers' affiliated SNFs average 2.2 annual survey deficiencies.

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All of Care Center's affiliated facilities submit themselves to Joint Commission scrutiny and are Joint Commission accredited, or are waiting on final accreditation. CCC of Bolivar will also submit to and be accredited by the Joint Commission. CCC of Bolivar will continue to be licensed by the Tennessee Board for Licensing Health Care Facilities, and will be TennCare and Medicare certified. Upon the voluntary suspension of operations, Pleasant View's Medicare provider number was voluntarily terminated, but certification and participation in Medicare will be resumed upon the opening of the replacement facility. CCC of Bolivar will maintain compliance with and remain in good standing with all licensing and accrediting authorities.

The applicant will maintain and comply with its Quality Assurance and Performance Improvement Program. In the interest of brevity a copy of the entire program manual is not attached, but the Table of Contents of the QAPI is attached as Attachment Section A, B (3).

4) Orderly Development to adequate and effective health care.

As addressed briefly above and in more detail elsewhere in this application, the 67 licensed beds are needed in the service area. The operation of these beds has been temporarily voluntarily suspended due to the need for a replacement facility. If this application is approved, the beds will be placed back into service in a new up-to-date facility with more private rooms and a much better patient care environment.

There is one nursing home in the service area in addition to Pleasant View. Pine Meadows Healthcare and Rehabilitation Center is a 134 bed skilled nursing facility. Its average annual occupancy rate in 2016 was 93.5%. 132 of Pine Meadow's 134 beds are semi-private. Due to gender separation issues this often makes the practical utilization even higher than the average occupancy rate.

The current site of Pleasant View will be donated to The Warriors Center, a not-for-profit organization that provides faith based substance abuse recovery services, transitional housing, and food to men, women and Veterans. For more information on The Warriors Center please visit www.warriorcenter.org.

C. Consent Calendar Justification

If Consent Calendar is requested, please provide the rationale for an expedited review.

N/A. Consent Calendar consideration is not requested.

A request for Consent Calendar must be in the form of a written communication to the Agency's Executive Director at the time the application is filed.

Owner of the Facility, Agency or Institution**A.**

<u>Christian Care Center of Bolivar, LLC</u>		<u>423-975-5455</u>
Name		Phone Number
<u>2020 Northpark Drive, Suite 2D</u>		<u>Washington</u>
Street or Route		County
<u>Johnson City</u>	<u>TN</u>	<u>37604</u>
City	State	Zip Code

B. Type of Ownership of Control (Check One)

A. Sole Proprietorship	_____	F. Government (State of TN or	_____
B. Partnership	_____	Political Subdivision)	
C. Limited Partnership	_____	G. Joint Venture	_____
D. Corporation (For Profit)	_____	H. Limited Liability Company	<u>X</u>
E. Corporation (Not-for-Profit)	_____	I. Other (Specify)	_____

Attach a copy of the partnership agreement, or corporate charter and certificate of corporate existence. Please provide documentation of the active status of the entity from the Tennessee Secretary of State's web-site at <https://tnbear.tn.gov/ECommerce/FilingSearch.aspx>. Attachment Section A-4A.

Organizational documentation is attached as Attachment Section A-4 A, 1.

Describe the existing or proposed ownership structure of the applicant, including an ownership structure organizational chart. Explain the corporate structure and the manner in which all entities of the ownership structure relate to the applicant. As applicable, identify the members of the ownership entity and each member's percentage of ownership, for those members with 5% ownership (direct or indirect) interest.

Christian Care Center of Bolivar, LLC is a newly formed single member Tennessee limited liability company. Its sole member is J. R. "Randy" Lewis.

The facility will be built and owned by Hardeman County Real Estate Investors, LLC and leased to the applicant. The sole member of Hardeman County Real Estate Investors, LLC is J. R. Randy" Lewis.

An ownership chart is attached as Attachment Section A-4 A, 2.

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5. Name of Management/Operating Entity (If Applicable)

Care Centers Management Consulting, Inc.

Name

2020 Northpark Drive, Suite 2D

Street or Route

Washington

County

Johnson City

TN

37604

City

State

Zip Code

Website address: None

For new facilities or existing facilities without a current management agreement, attach a copy of a draft management agreement that at least includes the anticipated scope of management services to be provided, the anticipated term of the agreement, and the anticipated management fee payment methodology and schedule. For facilities with existing management agreements, attach a copy of the fully executed final contract. Attachment Section A-5.

CCC of Bolivar will enter into a consulting agreement with Care Centers Management Consulting, Inc. The sole shareholder of Care Centers Management Consulting, Inc. is Diversified Ventures, Inc. The sole shareholder of Diversified Ventures, Inc. is J. R. "Randy" Lewis.

A copy of a draft consulting agreement is attached as Attachment Section A-5.

6A. Legal Interest in the Site of the Institution (Check One)

A. Ownership

B. Option to Purchase

C. Lease of 10 Years

D. Option to Lease

E. Other (Specify)

Check appropriate line above: For applicants or applicant's parent company/owner that currently own the building/land for the project location, attach a copy of the title/deed. For applicants or applicant's parent company/owner that currently lease the building/land for the project location, attach a copy of the fully executed lease agreement. For projects where the location of the project has not been secured, attach a fully executed document including Option to Purchase Agreement, Option to Lease Agreement, or other appropriate documentation. Option to Purchase Agreements must include anticipated purchase price. Lease/Option to Lease Agreements must include the actual/anticipated term of the agreement and actual/anticipated lease expense. The legal interests described herein must be valid on the date of the Agency's consideration of the certificate of need application.

The facility will be built and owned by Hardeman County Real Estate Investors, LLC and leased to the applicant. The sole member of Hardeman County Real Estate Investors, LLC is J. R. Randy" Lewis.

A copy of the Real Estate Purchase Agreement with Hardeman County Real Estate Investors, LLC as the buyer and a copy of the lease between Hardeman County Real Estate Investors, LLC and Christian Care Center of Bolivar, LLC are attached as Attachment Section A-6 A.

6B. Attach a copy of the site's plot plan, floor plan, and if applicable, public transportation route to and from the site on an 8 1/2" x 11" sheet of white paper, single or double-sided. DO NOT SUBMIT BLUEPRINTS. Simple line drawings should be submitted and need not be drawn to scale.

1) Plot Plan must include: 26

- a. Size of site (*in acres*);
- b. Location of structure on the site;
- c. Location of the proposed construction/renovation; and
- d. Names of streets, roads or highway that cross or border the site.

A plot plan is attached as Attachment A-6 B, 1. The footprint of the proposed building is shown on the second page of the Attachment.

2) **Attach a floor plan drawing for the facility which includes legible labeling of patient care rooms (noting private or semi-private), ancillary areas, equipment areas, etc. On an 8 ½ by 11 sheet of paper or as many as necessary to illustrate the floor plan.**

A floor plan is attached as Attachment A-6 B, 2.

3) **Describe the relationship of the site to public transportation routes, if any, and to any highway or major road developments in the area. Describe the accessibility of the proposed site to patients/clients.**

The site for the proposed replacement facility is at the intersection of Highway 64 and Lucy Black Road, approximately 3.5 miles from downtown Bolivar. Highway 64 is a four lane divided highway, major thoroughfare in Bolivar and Hardeman County with excellent accessibility. There is no public transportation currently available in the area.

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7. **Type of Institution** (Check as appropriate--more than one response may apply)

- | | | |
|--|--|----------|
| A. Hospital (Specify) _____ | H. Nursing Home | <u>X</u> |
| B. Ambulatory Surgical Treatment Center (ASTC), Multi-Specialty _____ | I. Outpatient Diagnostic Center | _____ |
| C. ASTC, Single Specialty _____ | J. Rehabilitation Facility | _____ |
| D. Home Health Agency _____ | K. Residential Hospice | _____ |
| E. Hospice _____ | L. Nonresidential Substitution-Based Treatment Center for Opiate Addiction | _____ |
| F. Mental Health Hospital _____ | M. Other (Specify) _____ | _____ |
| G. Intellectual Disability Institutional Habilitation Facility ICF/IID _____ | | |

Check appropriate lines(s).

8. **Purpose of Review** (Check appropriate lines(s) – more than one response may apply)

- | | |
|--|---|
| A. New Institution _____ | F. Change in Bed Complement _____ |
| B. Modifying an ASTC with limitation still required per CON _____ | [Please note the type of change by underlining the appropriate response: Increase, Decrease, Designation, Distribution, Conversion, Relocation] |
| C. Addition of MRI Unit _____ | G. Satellite Emergency Dept. _____ |
| D. Pediatric MRI _____ | H. Change of Location <u>X</u> |
| E. Initiation of Health Care Service as defined in T.C.A. §68-11-1607(4) (Specify) _____ | I. Other (Specify) _____ |

9. **Medicaid/TennCare, Medicare Participation**

MCO Contracts [Check all that apply]

X AmeriGroup X United Healthcare Community Plan X BlueCare ____TennCare Select

Medicare Provider Number _____ To be applied for*

Medicaid Provider Number _____ To be applied for*

Certification Type Skilled Nursing Facility

* Pursuant to CMS policy, the Pleasant View Medicare number was voluntarily terminated when the license was placed in Inactive Status.

If a new facility, will certification be sought for Medicare and/or Medicaid/TennCare?

Medicare X Yes ____No ____N/A Medicaid/TennCare X Yes ____No ____N/A

10. Bed Complement Data

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A. Please indicate current and proposed distribution and certification of facility beds.

	<u>Current Licensed</u>	<u>Beds Staffed</u>	<u>Beds Proposed</u>	<u>*Beds Approved</u>	<u>**Beds Exempted</u>	<u>TOTAL Beds at Completion</u>
1) Medical						
2) Surgical						
3) ICU/CCU						
4) Obstetrical						
5) NICU						
6) Pediatric						
7) Adult Psychiatric						
8) Geriatric Psychiatric						
9) Child/Adolescent Psychiatric						
10) Rehabilitation						
11) Adult Chemical Dependency						
12) Child/Adolescent Chemical Dependency						
13) Long-Term Care Hospital						
14) Swing Beds						
15) Nursing Home – SNF (Medicare only)						
16) Nursing Home – NF (Medicaid only)						
17) Nursing Home – SNF/NF (dually certified Medicare/Medicaid)	67	0	0	0	0	67
18) Nursing Home – Licensed (non-certified)						
19) ICF/IID						
20) Residential Hospice						
TOTAL	67	0	0	0	0	67
*Beds approved but not yet in service **Beds exempted under 10% per 3 year provision						

B. Describe the reasons for change in bed allocations and describe the impact the bed change will have on the applicant facility's existing services. Attachment Section A-10.

N/A. No new beds are involved in this project.

Please identify all the applicant's outstanding Certificate of Need projects that have a licensed bed change component. If applicable, complete chart below.

N/A.

11. Home Health Care Organizations – Home Health Agency, Hospice Agency (excluding Residential Hospice), identify the following by checking all that apply:
N/A.

	Existing Licensed County	Parent Office County	Proposed Licensed County		Existing Licensed County	Parent Office County	Proposed Licensed County
Anderson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lauderdale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedford	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lawrence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lewis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bledsoe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lincoln	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loudon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bradley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	McMinn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campbell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	McNairy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Macon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carroll	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Madison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Marion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheatham	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Marshall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claiborne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meigs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monroe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Montgomery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coffee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crockett	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Morgan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cumberland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Davidson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decatur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DeKalb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pickett	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dickson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dyer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Putnam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fayette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fentress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Franklin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Robertson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gibson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rutherford	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scott	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grainger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sequatchie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sevier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grundy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shelby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hamblen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hamilton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stewart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hancock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sullivan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hardeman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sumner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hardin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hawkins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trousdale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haywood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unicoi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Henderson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Union	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Henry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Van Buren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hickman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Houston	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washington	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Humphreys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wayne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jackson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weakley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jefferson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Johnson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Williamson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wilson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

12. Square Footage and Cost Per Square Footage Chart

Unit/Department	Existing Location	Existing SF	Temporary Location	Proposed Final Location	Proposed Final Square Footage						
					Renovated	New	Total				
Administrative						1908	1908				
Nursing						3101	3101				
Dayroom/Activities						2350	2350				
Therapy						2102	2102				
Kitchen/Dining						3473	3473				
Laundry						842	842				
Storage						2255	2255				
Patient Rooms & Toilets						14,925	14,925				
Mechanical/Elec						900	900				
Unit/Department GSF Sub-Total						31,856	31,856				
Circulation/Structure						9344	9344				
Total GSF						41,200	41,200				
*Total Cost						\$7,210,000	\$7,210,000				
**Cost Per Square Foot						\$175	\$175				
<p>Cost per Square Foot Is Within Which Range (For quartile ranges, please refer to the Applicant's Toolbox on www.tn.gov/hsda)</p>					<input type="checkbox"/> Below 1 st Quartile	<input type="checkbox"/> Below 1 st Quartile	<input type="checkbox"/> Below 1 st Quartile				
					<input type="checkbox"/> Between 1 st and 2 nd Quartile	<input type="checkbox"/> Between 1 st and 2 nd Quartile	<input type="checkbox"/> Between 1 st and 2 nd Quartile				
					<input type="checkbox"/> Between 2 nd and 3 rd Quartile	<input type="checkbox"/> Between 2 nd and 3 rd Quartile	<input type="checkbox"/> Between 2 nd and 3 rd Quartile				
					<input type="checkbox"/> Above 3 rd Quartile	<input type="checkbox"/> Above 3 rd Quartile	<input type="checkbox"/> Above 3 rd Quartile				

* The Total Construction Cost should equal the Construction Cost reported on line A5 of the Project Cost Chart.

** Cost per Square Foot is the construction cost divided by the square feet. Please do not include contingency costs.

13. MRI, PET, and/or Linear Accelerator 31

N/A. No imaging or CON-covered medical equipment is involved in this project.

1. Describe the acquisition of any Magnetic Resonance Imaging (MRI) scanner that is adding a MRI scanner in counties with population less than 250,000 or initiation of pediatric MRI in counties with population greater than 250,000 and/or

2. Describe the acquisition of any Positron Emission Tomographer (PET) or Linear Accelerator if initiating the service by responding to the following:

A. Complete the chart below for acquired equipment.

<input type="checkbox"/> Linear Accelerator	Mev _____	Types:	<input type="checkbox"/> SRS <input type="checkbox"/> IMRT <input type="checkbox"/> IGRT <input type="checkbox"/> Other _____
	Total Cost*:	<input type="checkbox"/> By Purchase	Expected Useful Life (yrs) _____
<input type="checkbox"/> New	<input type="checkbox"/> Refurbished	<input type="checkbox"/> By Lease	Expected Useful Life (yrs) _____
		<input type="checkbox"/> If not new, how old? (yrs)	_____
<input type="checkbox"/> MRI	Tesla: _____	Magnet:	<input type="checkbox"/> Breast <input type="checkbox"/> Extremity <input type="checkbox"/> Open <input type="checkbox"/> Short Bore <input type="checkbox"/> Other _____
	Total Cost*:	<input type="checkbox"/> By Purchase	Expected Useful Life (yrs) _____
<input type="checkbox"/> New	<input type="checkbox"/> Refurbished	<input type="checkbox"/> By Lease	Expected Useful Life (yrs) _____
		<input type="checkbox"/> If not new, how old? (yrs)	_____
<input type="checkbox"/> PET	<input type="checkbox"/> PET only	<input type="checkbox"/> PET/CT	<input type="checkbox"/> PET/MRI
	Total Cost*:	<input type="checkbox"/> By Purchase	Expected Useful Life (yrs) _____
<input type="checkbox"/> New	<input type="checkbox"/> Refurbished	<input type="checkbox"/> By Lease	Expected Useful Life (yrs) _____
		<input type="checkbox"/> If not new, how old? (yrs)	_____

* As defined by Agency Rule 0720-9-.01(13)

B. In the case of equipment purchase, include a quote and/or proposal from an equipment vendor. In the case of equipment lease, provide a draft lease or contract that at least includes the term of the lease and the anticipated lease payments along with the fair market value of the equipment.

C. Compare lease cost of the equipment to its fair market value. Note: Per Agency Rule, the higher cost must be identified in the project cost chart.

D. Schedule of Operations:

Location	Days of Operation (Sunday through Saturday)	Hours of Operation (example: 8 am – 3 pm)
Fixed Site (Applicant)	_____	_____
Mobile Locations (Applicant)	_____	_____

E. Identify the clinical applications to be provided that apply to the project.

F. If the equipment has been approved by the FDA within the last five years provide documentation of the same.

SECTION B: GENERAL CRITERIA FOR CERTIFICATE OF NEED

In accordance with T.C.A. § 68-11-1609(b), “no Certificate of Need shall be granted unless the action proposed in the application for such Certificate is necessary to provide needed health care in the area to be served, can be economically accomplished and maintained, will provide health care that meets appropriate quality standards, and will contribute to the orderly development of health care.” Further standards for guidance are provided in the State Health Plan developed pursuant to T.C.A. § 68-11-1625.

The following questions are listed according to the four criteria: (1) Need, (2) Economic Feasibility, (3) Applicable Quality Standards, and (4) Contribution to the Orderly Development of Health Care. Please respond to each question and provide underlying assumptions, data sources, and methodologies when appropriate. Please type each question and its response on an 8 1/2" x 11" white paper, single-sided or double sided. All exhibits and tables must be attached to the end of the application in correct sequence identifying the question(s) to which they refer, unless specified otherwise. *If a question does not apply to your project, indicate “Not Applicable (NA).”*

QUESTIONS

NEED

1. Provide a response to each criterion and standard in Certificate of Need Categories in the State Health Plan that are applicable to the proposed project. Criteria and standards can be obtained from the Tennessee Health Services and Development Agency or found on the Agency’s website at <http://www.tn.gov/hsda/article/hsda-criteria-and-standards>.

[RESPONSES TO STANDARDS AND CRITERIA IN STATE HEALTH PLAN FOLLOW:]

CONSTRUCTION, RENOVATION, EXPANSION, AND REPLACEMENT OF HEALTH CARE INSTITUTIONS

- I. Any project that includes the addition of beds, services, or medical equipment will be reviewed under the standards for those specific activities.

The applicant seeks to relocate and replace a facility, the license for which is in Inactive Status. Although the approval of this application will not result in any additional licensed beds, the applicant will respond to the standards and criteria which are applicable to newly licensed facilities and/or beds. Please see the section following the relocation and replacement criteria responses.

2. For relocation or replacement of an existing licensed health care institution:
 - a. The applicant should provide plans which include costs for both renovation and relocation, demonstrating the strengths and weaknesses of each alternative.

The applicant acquired Pleasant View effective September 1, 2017. The condition of the physical plant was in such a deficient, deteriorated and unsafe for frail SNF patients condition, there was never a plan to attempt to renovate. The applicant wants to build a new up-to-date facility at a new site conveniently located on a major US/State Highway in Bolivar that will better serve the community.

Areas of major deficiencies with the physical plant of the current facility include, without limitation:

- The existing structure would not comply with many building codes in areas such as room and hall sizes, number and size of bathrooms, and the like. This would lead to non-compliance with standards for skilled nursing facilities, needed to maintain Medicare and Medicaid certification.
- A major renovation with additions would be required for the building to be brought up to current codes. This is impractical.
- Inadequate square footage necessary to provide high quality SNF services and meet SNF standards, and patients' growing demand for more private rooms and ancillary spaces
- All major systems of all types would require upgrading and/or replacement.

b. The applicant should demonstrate that there is an acceptable existing or projected future demand for the proposed project.

Under the bed need formula there is a need for an additional 16 beds in Hardeman County in 2019. According to calculations by the Department of Health, there will be a need for 217 Medicare certified nursing home beds in Hardeman County in 2019. There are currently 201 licensed Medicare beds, including the 67 licensed but inactive beds at Pleasant View which the applicant seeks to relocate within the county. This application will not add any new beds to the county. A copy of the bed need calculation from the Department of Health is attached as Attachment Section B, Need, 1, (1).

There is one nursing home in the service area in addition to Pleasant View. Pine Meadows Healthcare and Rehabilitation Center is a 134 bed skilled nursing facility. Its average annual occupancy rate in 2016 was 93.5%. 132 of Pine Meadow's 134 beds are semi-private. Due to gender separation issues this often makes the practical utilization even higher than the average occupancy rate.

No publicly available data exists for utilization of Pine Meadows since Pleasant voluntarily suspended operations. Pine Meadows does not have the capacity to absorb all of Pleasant View's patient days, so some number of Hardeman County patents are presumably having to leave the county in order to get a nursing home bed. If this application is approved, Pleasant View (to be renamed Christian Care Center of Bolivar) will resume operations and give Hardeman County residents an additional option for nursing home care and improve access to beds.

In 2016 Pleasant View had an average annual occupancy rate of 77.9%. While this is very healthy utilization, it is believed the utilization could have been greater had the physical plant been nicer and more up-to-date. In addition, only 12 of the 67 beds at Pleasant view were private. Having mostly semi-private beds results in a higher practical utilization rate than the average occupancy rate would indicate, due to the need for gender separation in rooms.

The new replacement facility will have 42 of the 67 beds as private beds, which will make the new facility even more attractive and increase utilization, allowing more Hardeman County residents to access a bed in Hardeman County. It is reasonable to project the new replacement facility will be well-utilized, and to conclude there is a sufficient existing and future demand for the proposed project.

3. For renovation or expansions of an existing licensed health care institution:

N/A.

- a. The applicant should demonstrate that there is an acceptable existing demand for the proposed project.
- b. The applicant should demonstrate that the existing physical plant's condition warrants major renovation or expansion.

NURSING HOME STANDARDS AND CRITERIA

The applicant seeks to relocate and replace a facility the license for which is in Inactive Status. Although the approval of this application will not result in any additional licensed beds, the applicant will nevertheless respond to the standards and criteria which are applicable to newly licensed facilities and/or beds, as follows:.

1. Determination of Need.

The need for nursing home beds for each county in the state should be determined by applying the following population-based statistical methodology:

Need =

.0005 x population 65 and under, plus
 .012 x population 65-74, plus
 .060 x population 75-84, plus
 .150 x population 85 +

According to the calculations of the Department of Health the following is the projected bed need in the service area for 2019, along with the number of currently licensed beds, and the resulting net bed need. All of the reflected beds are Medicare certified.

<u>County</u>	<u>Beds Needed 2019</u>	<u>Licensed Beds 2017</u>	<u>Net Need 2019</u>	<u>New Beds Proposed</u>
Hardeman	217	201	16	0

2. **Planning horizon:** The need for nursing home beds shall be projected two years into the future from the current year.

A two year planning horizon from the date of filing was utilized.

3. **Establishment of Service Area:** A majority of the population of the proposed Service Area for any nursing home should reside within 30 minutes travel time from that facility. Applicants may supplement their applications with sub-county level data that are available to the general public to better inform the HSDA of granular details and trends; however, the need formula established by these Standards will use the latest available final JAR data from the Department of Health. The HSDA additionally may consider geographic, cultural, social, and other aspects that may impact the establishment of a Service Area.

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The primary service area is Hardeman County. According to the most recent Joint Annual Report (from the previous owner), 55 of 56 patients of Pleasant View in 2016 were residents of Hardeman County. It is believed a majority of the residents of Hardeman County can travel to Bolivar within 30 minutes.

4. **Existing Nursing Home Capacity:** In general, the Occupancy Rate for each nursing home currently and actively providing services within the applicant's proposed Service Area should be at or above 90% to support the need for any project seeking to add new nursing home beds within the Service Area and to ensure that the financial viability of existing facilities is not negatively impacted.

N/A. No new beds are proposed. There is one nursing home in the service area in addition to Pleasant View. Pine Meadows Healthcare and Rehabilitation Center is a 134 bed skilled nursing facility. Its average annual occupancy rate in 2016 was 93.5%. 132 of Pine Meadow's 134 beds are semi-private. Due to gender separation issues, this often makes the practical utilization even higher than the average occupancy rate.

Hardeman County is particularly underserved with private SNF beds. Of the 201 currently licensed beds in Hardeman County, only 14 are private beds -- 2 at Pine Meadows and 12 licensed at Pleasant View. Private beds represent only 7% of the licensed bed total in Hardeman County.

When considering replacement facility or renovation applications that do not alter the bed component within the Service Area, the HSDA should consider as the primary factor whether a replacement facility's own occupancy rate could support its economic feasibility, instead of the occupancy rates of other facilities in the Service Area.

In 2016 Pleasant View's average annual occupancy rate was 77.9%. Its 2015 its occupancy rate was 88.5%. Although these are healthy occupancy rates, it is believed occupancy is lower than would otherwise be the case due to the seriously deficient condition of the facility and the small number of private beds. Especially in light of the fact the proposed replacement facility will be an up-to-date facility with a spacious, patient friendly and aesthetically pleasing environment, and with 43 of the 67 beds being private beds, there will be sufficient demand to adequately utilize the replacement facility.

5. **Outstanding Certificates of Need:** Outstanding CONs should be factored into the decision whether to grant an additional CON in a given Service Area or county until an outstanding CON's beds are licensed.

There are no outstanding CONs for nursing home beds or to relocate and replace a SNF in Hardeman County.

6. **Data:** The Department of Health data on the current supply and utilization of licensed and CON-approved nursing home beds should be the data source employed hereunder, unless otherwise noted.

The sources relied upon for supply of beds and utilization are the Division of Health Care Facilities website, data from the Division of Health Statistics, and Joint Annual Reports.

7. **Minimum Number of Beds:** A newly established free-standing nursing home should have a sufficient number of beds to provide revenues to make the project economically feasible and thus is encouraged to have a capacity of least 30 beds. However, the HSDA should consider exceptions to this standard if a proposed applicant can demonstrate that economic feasibility can be achieved with a smaller facility in a particular situation.

N/A. The facility has 67 currently licensed beds, and no new beds are being sought.

8. **Encouraging Facility Modernization:** The HSDA may give preference to an application that:

- a. **Proposes a replacement facility to modernize an existing facility.**

A new modernized replacement facility is sought by this application.

- b. **Seeks a certificate of need for a replacement facility on or near its existing facility operating location.** The HSDA should evaluate whether the replacement facility is being located as closely as possible to the location of the existing facility and, if not, whether the need for a new, modernized facility is being impacted by any shift in the applicant's market due to its new location within the Service Area.

The site for the replacement facility is at the intersection of Highway 64 and Lucy Black Road in Hardeman County, approximately 3.7 miles from the current site.

- c. **Does not increase its number of operating beds.**

This application does not seek to increase the number of licensed beds.

9. **Adequate Staffing:** An applicant should document a plan demonstrating the intent and ability to recruit, hire, train, assess competencies of, supervise, and retain the appropriate numbers of qualified personnel to provide the services described in the application and that such personnel are available in the proposed Service Area. However, when considering applications for replacement facilities or renovations of existing facilities, the HSDA may determine the existing facility's staff would continue without significant change and thus would be sufficient to meet this Standard without a demonstration of efforts to recruit new staff.

The proposed staffing plan calls for approximately 41 FTE direct patient care positions and 15 non-direct patient care positions. The staffing pattern is set forth in more detail in the Contribution to Orderly Development section of this application.

Care Centers Management Consulting and its affiliates own and/or operate 7 SNFs in Tennessee and is very experienced in recruiting, hiring and retaining the required staffing.

10. **Community Linkage Plan:** The applicant should describe its participation, if any, in a community linkage plan, including its relationships with appropriate health care system providers/services and working agreements with other related community services to assure continuity of care. If they are provided, letters from providers (including, e.g., hospitals, hospice services agencies, physicians) in support of an application should detail specific instances of unmet need for nursing home services.

Christian Care Center of Bolivar will have an extensive network of care providers and service vendors. A list of the anticipated contractors and vendors attached as Attachment Section B, Orderly Development, 1.

11. **Access:** The applicant should demonstrate an ability and willingness to serve equally all of the Service Area in which it seeks certification. In addition to the factors set forth in HSDA Rule 0720-11-.01(1) (listing the factors concerning need on which an application may be evaluated), the HSDA may choose to give special consideration to an applicant that is able to show that there is limited access in the proposed Service Area. However, an applicant should address why Service Area residents cannot be served in a less restrictive and less costly environment and whether the applicant provides or will provide other services to residents that will enable them to remain in their homes.

Christian Care Center of Bolivar will serve all patients, regardless of race, age, gender, nationality, socio-economic status or payor source.

There is one nursing home in the service area in addition to Pleasant View. Pine Meadows Healthcare and Rehabilitation Center is a 134 bed skilled nursing facility. Its average annual occupancy rate in 2016 was 93.5%. 132 of Pine Meadow's 134 beds are semi-private. Due to gender separation issues this often makes the practical utilization even higher than the average occupancy rate.

No publicly available data exists for utilization of Pine Meadows since Pleasant View voluntarily suspended operations in September of 2017. Pine Meadows does not have the capacity to absorb all of Pleasant View's patient days, so some number of Hardeman County patents are presumably having to leave the county in order to get a nursing home placement. If this application is approved, Pleasant View (to be renamed Christian Care Center of Bolivar) will resume operations and give Hardeman County residents an additional option for nursing home care and improve access to beds.

12. **Quality Control and Monitoring:** The applicant should identify and document its existing or proposed plan for data reporting, quality improvement, and outcome and process monitoring systems, including in particular details on its Quality Assurance and Performance Improvement program as required by the Affordable Care Act. As an alternative to the provision of third party accreditation information, applicants may provide information on any other state, federal, or national quality improvement initiatives. An applicant that owns or administers other nursing homes should provide detailed information on their surveys and their quality control programs at those facilities, regardless of whether they are located in Tennessee.

Cares Centers Management Consulting, Inc., the consulting company for the facility, is an experienced operator of long term care facilities. It currently operates seven skilled nursing facilities in Tennessee, and one in Kentucky, which are owned by affiliated companies. Care Centers' affiliated facilities average 2.2 annual survey deficiencies.

All of Care Center's affiliated facilities submit themselves to Joint Commission scrutiny and are Joint Commission accredited, or are waiting on final accreditation. CCC of Bolivar will also submit to and be accredited by the Joint Commission. CCC of Bolivar will continue to be licensed by the Tennessee Board for Licensing Health Care Facilities, and will be TennCare and Medicare certified. Upon the voluntary suspension of operations, Pleasant View's Medicare provider number was voluntarily terminated, but certification and participation in Medicare will be

resumed upon the opening of the replacement facility. CCC of Bolivar will maintain compliance with and remain in good standing with all licensing and accrediting authorities.

The applicant will maintain and comply with its Quality Assurance and Performance Improvement Program. In the interest of brevity a copy of the entire program manual is not attached, but the Table of Contents of the QAPI is attached as Attachment Section A, B (3).

- 13. Data Requirements: Applicants should agree to provide the TDH and/or the HSDA with all reasonably requested information and statistical data related to the operation and provision of services at the applicant's facility and to report that data in the time and format requested. As a standard of practice, existing data reporting streams will be relied upon and adapted over time to collect all needed information.**

The applicant will provide such data as requested.

14. Additional Occupancy Rate Standards:

- a. An applicant that is seeking to add or change bed component within a Service Area should show how it projects to maintain an average occupancy rate for all licensed beds of at least 90 percent after two years of operation.**

The applicant is not adding any new beds; it is seeking to relocate 67 licensed beds to a new location in a replacement facility.

The projected utilization rate for CCC of Bolivar is as follows:

Year 1:	11,476 patient days	47% occupancy
Year 2:	21,900 patient days	90% occupancy

- b. There should be no additional nursing home beds approved for a Service Area unless each existing facility with 50 beds or more has achieved an average annual occupancy rate of 90 percent. In determining the Service Area's occupancy rate, the HSDA may choose not to consider the occupancy rate of any nursing home in the proposed Service Area that has been identified by the TDH Regional Administrator as consistently noncomplying with quality assurance regulations, based on factors such as deficiency numbers outside of an average range or standards of the Medicare 5 Star program.**

There is one nursing home in the service area in addition to Pleasant View. Pine Meadows Healthcare and Rehabilitation Center is a 134 bed skilled nursing facility. Its average annual occupancy rate in 2016 was 93.5%. 132 of Pine Meadow's 134 beds are semi-private. Due to gender separation issues this often makes the practical utilization even higher than the average occupancy rate.

- c. A nursing home seeking approval to expand its bed capacity should have maintained an occupancy rate of 90 percent for the previous year.**

The applicant is not adding any new beds; it is seeking to relocate 67 licensed beds to a new location in a replacement facility.

In 2016 Pleasant View had an average annual occupancy rate of 77.9%. While this is a very healthy utilization, it is believed the utilization would have been greater had the physical plant not been in such a deficient and poor condition. The strong occupancy of Pleasant view even in light of the facility's poor condition speaks well to the demand in the community for nursing home services.

In addition, only 12 of the 67 beds at Pleasant View were private. Having mostly semi-private beds results in a higher practical utilization rate than the average occupancy rate would indicate, due to the need for gender separation in rooms.

Most of the beds in the proposed new replacement facility (43 of 67) will be private beds, which will make the new facility even more attractive and increase utilization, allowing more Hardeman County residents to access a bed in Hardeman County.

[END OF RESPONSES TO NURSING HOME CRITERIA IN THE STATE HEALTH PLAN]

2. Describe the relationship of this project to the applicant facility's long-range development plans, if any, and how it relates to related previously approved projects of the applicant.

The applicant has no long range development plans beyond this project, and this project is not related to any previously-approved CON project.

3. Identify the proposed service area and justify the reasonableness of that proposed area. Submit a county level map for the Tennessee portion of the service area using the map on the following page, clearly marked to reflect the service area as it relates to meeting the requirements for CON criteria and standards that may apply to the project. Please include a discussion of the inclusion of counties in the border states, if applicable. Attachment Section B - Need-3.

Please complete the following tables, if applicable:

Service Area Counties	Historical Utilization-County Residents (2016)	% of total admissions
Hardeman County	55	98%
All Other	1	2%
Total	56	100%

Service Area Counties	Projected Utilization-County Residents	% of total procedures
Hardeman County	118	98%
All Other	2	2%
Total	120	100%

A map of the service area is attached as Attachment Section B, Need, 3.

4. A. 1) Describe the demographics of the ~~40~~ population to be served by the proposal.

2) Using current and projected population data from the Department of Health, the most recent enrollee data from the Bureau of TennCare, and demographic information from the US Census Bureau, complete the following table and include data for each county in your proposed service area.

Projected Population Data: <http://www.tn.gov/health/article/statistics-population>

TennCare Enrollment Data: <http://www.tn.gov/tenncare/topic/enrollment-data>

Census Bureau Fact Finder: <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

** Target Population is population that project will primarily serve. For example, nursing home, home health agency, hospice agency projects typically primarily serve the Age 65+ population; projects for child and adolescent psychiatric services will serve the Population Ages 0-19. Projected Year is defined in select service-specific criteria and standards. If Projected Year is not defined, default should be four years from current year, e.g., if Current Year is 2016, then default Projected Year is 2020.*

A table with the requested information is attached as Attachment Section B, Need, 4 A.

B. Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly the elderly, women, racial and ethnic minorities, and low-income groups. Document how the business plans of the facility will take into consideration the special needs of the service area population.

Since the suspension of operations at Pleasant View as of September 2017, there is only one operating skilled nursing facility in Hardeman County. That facility had an average annual occupancy rate of 93.5% in 2016. There is a need for additional beds to be operating in Hardeman County. The relocation and replacement facility will allow the 67 licensed beds at the former Pleasant View facility to begin operating again to serve the area.

Hardeman County is particularly underserved with private SNF beds. Of the 201 currently licensed beds in Hardeman County, only 14 are private beds -- 2 at Pine Meadows and 12 licensed at Pleasant View. Private beds represent only 7% of the licensed bed total in Hardeman County.

Both the overall population and the 65+ population are projected to grow at a smaller rate than the state as a whole. Median household income (\$31,801) is significantly lower than the state as a whole (\$45,219). The percentage of the population living below the poverty level in Hardeman County (24.8%) is significantly higher than the state as a whole (17.6%). The percentage of the population enrolled in TennCare (25.3%) is higher than the state as a whole (22.7%).

CCC of Bolivar upon its opening will be accessible to all socio-economic groups. The facility will participate in TennCare and Medicare.

Describe the existing and approved but unimplemented services of similar healthcare providers in the service area. Include utilization and/or occupancy trends for each of the most recent three years of data available for this type of project. List each provider and its utilization and/or occupancy individually. Inpatient bed projects must include the following data: Admissions or discharges, patient days, average length of stay, and

occupancy. Other projects should use⁴¹ the most appropriate measures, e.g., cases, procedures, visits, admissions, etc. This doesn't apply to projects that are solely relocating a service.

2016

County	Facility	Beds	Pt. Days	Avg. Occupancy
Hardeman	Pine Meadows Healthcare	134	45,729	93.50%
Hardeman	Pleasant View Health Care	67	19,054	77.90%
Total		201	64,783	88.30%

2015

County	Facility	Beds	Pt. Days	Avg. Occupancy
Hardeman	Pine Meadows Healthcare	134	42,486	86.90%
Hardeman	Pleasant View Health Care	67	21,648	88.50%
Total		201	64,134	87.40%

2014

County	Facility	Beds	Pt. Days	Avg. Occupancy
Hardeman	Pine Meadows Healthcare	134	46,570	95.20%
Hardeman	Pleasant View Health Care Center	67	21,648	88.50%
Total		201	68,218	93.00%

5. Provide applicable utilization and/or occupancy statistics for your institution for each of the past three years and the projected annual utilization for each of the two years following completion of the project. Additionally, provide the details regarding the methodology used to project utilization. The methodology must include detailed calculations or documentation from referral sources, and identification of all assumptions.

Projected Utilization:

<u>Year</u>	<u>Patient Days</u>	<u>Average Occupancy</u>
Year 1	11,476	47%
Year 2	21,900	90%

The facility's occupancy is expected to grow steadily during its first year of operation and stabilize into its second year of operation. Initially, it is expected the facility's skilled and private mix will represent a higher percentage of its overall mix as it grows its overall occupancy and longer-term resident population over the first year of operation. By the second year of operation, it is expected that the facility's occupancy and mix will begin to stabilize, with Medicaid making up the largest portion of the facility's overall mix as the facility achieves higher overall occupancy levels and retains a larger number of long-term residents. The facility endeavors to serve both short-stay, more acute patients, as well as longer-term patients within its community.

1. Provide the cost of the project by completing the Project Costs Chart on the following page. Justify the cost of the project.
 - A. All projects should have a project cost of at least \$15,000 (the minimum CON Filing Fee). (See Application Instructions for Filing Fee)
 - B. The cost of any lease (building, land, and/or equipment) should be based on fair market value or the total amount of the lease payments over the initial term of the lease, whichever is greater. Note: This applies to all equipment leases including by procedure or "per click" arrangements. The methodology used to determine the total lease cost for a "per click" arrangement must include, at a minimum, the projected procedures, the "per click" rate and the term of the lease.
 - C. The cost for fixed and moveable equipment includes, but is not necessarily limited to, maintenance agreements covering the expected useful life of the equipment; federal, state, and local taxes and other government assessments; and installation charges, excluding capital expenditures for physical plant renovation or in-wall shielding, which should be included under construction costs or incorporated in a facility lease.
 - D. Complete the Square Footage Chart on page 8 and provide the documentation. Please note the Total Construction Cost reported on line 5 of the Project Cost Chart should equal the Total Construction Cost reported on the Square Footage Chart.
 - E. For projects that include new construction, modification, and/or renovation—documentation must be provided from a licensed architect or construction professional that support the estimated construction costs. Provide a letter that includes the following:
 - 1) A general description of the project;
 - 2) An estimate of the cost to construct the project;
 - 3) A description of the status of the site's suitability for the proposed project; and
 - 4) Attesting the physical environment will conform to applicable federal standards, manufacturer's specifications and licensing agencies' requirements including the AIA Guidelines for Design and Construction of Hospital and Health Care Facilities in current use by the licensing authority.

A completed Project Costs Chart is attached following this page.

A completed Square Footage and Cost per Square Foot Chart is attached at the appropriate place in the application.

A letter from the project architect is attached as Attachment Section B, Economic Feasibility, 1.

43 PROJECT COST CHART

A. Construction and equipment acquired by purchase:

1. Architectural and Engineering Fees		\$ 300,000.00
2. Legal, Administrative, Consultant Fees		\$ 35,000.00
3. Acquisition of Site		\$ 103,000.00
4. Preparation of Site		\$ 190,000.00
5. Total Construction Costs		\$ 7,210,000.00
6. Contingency Fund	7%	\$ 504,700.00
7. Fixed Equipment (Not included in Construction Contract)		
8. Moveable Equipment (List all equipment over \$50,000.00)		
9. Other (Specify) <u>Furniture, Fixtures, & Equipment</u>		\$ 974,102.00

B. Acquisition by gift donation, or lease:

1. Facility (Inclusive of building and land) (Less than construction cost. See next page)	
2. Building Only	
3. Land Only	
4. Equipment (Specify) _____	
5. Other (Specify) _____	

C. Financing Costs and Fees:

1. Interim Financing (Construction Period Interest)	\$ 280,000.00
2. Underwriting Costs	\$ 50,000.00
3. Reserve for One Year's Debt Service	
4. Other (Specify) _____	

D. Estimated Project Cost (A+B+C)	\$ 9,646,802.00
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E. CON Filing Fee	\$ 55,469.11
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F. Total Estimated Project Cost (D + E)	\$ 9,702,271.11	TOTAL
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FMV of Lease:

Estimated Base Rent = \$61,500 per month for 1st 5 years = \$3,690,000

\$66,500 per month for 2nd 5 years = \$3,990,000

Total lease payments = \$7,680,000

Acquisition and construction cost:

Site acquisition \$103,000

Site prep \$190,000

Construction \$7,210,000

Contingency \$504,700

Total acquisition and construction = \$8,007,700

2. Identify the funding sources for this project.

Check the applicable item(s) below and briefly summarize how the project will be financed. *(Documentation for the type of funding MUST be inserted at the end of the application, in the correct alpha/numeric order and identified as Attachment Section B-Economic Feasibility-2.)*

- ☒ A. Commercial loan – Letter from lending institution or guarantor stating favorable initial contact, proposed loan amount, expected interest rates, anticipated term of the loan, and any restrictions or conditions;

Funding letters are attached as Attachment Section B, Economic Feasibility, 2. There is one from the Bank of Tennessee for construction and start-up costs in the amount of approximately \$9.7 million, and one from the Bank of Tennessee for a line of credit for working capital in the amount of \$1 million.

- ☐ B. Tax-exempt bonds – Copy of preliminary resolution or a letter from the issuing authority stating favorable initial contact and a conditional agreement from an underwriter or investment banker to proceed with the issuance;
- ☐ C. General obligation bonds – Copy of resolution from issuing authority or minutes from the appropriate meeting;
- ☐ D. Grants – Notification of intent form for grant application or notice of grant award;
- ☐ E. Cash Reserves – Appropriate documentation from Chief Financial Officer of the organization providing the funding for the project and audited financial statements of the organization; and/or
- ☐ F. Other – Identify and document funding from all other sources.

3. Complete Historical Data Charts on the following two pages—*Do not modify the Charts provided or submit Chart substitutions!*

Historical Data Chart represents revenue and expense information for the last *three (3)* years for which complete data is available. Provide a Chart for the total facility and Chart just for the services being presented in the proposed project, if applicable. Only complete one chart if it suffices.

Note that “Management Fees to Affiliates” should include management fees paid by agreement to the parent company, another subsidiary of the parent company, or a third party with common ownership as the applicant entity. “Management Fees to Non-Affiliates” should include any management fees paid by agreement to third party entities not having common ownership with the applicant.

A completed Historical Data Chart reflecting two years of data under the previous ownership is attached following this page. The financial information needed for the Historical Data Chart for 2014 is not available to the applicant.

December 20, 2017

HISTORICAL DATA CHART

Total 10:00 am

Project Only

Give information for the last three (3) years for which complete data are available for the facility or agency. The fiscal year begins in January (Month)

	Year: 12/31/16	Year: 12/31/15	Year: 12/31/14
A. Utilization/Occupancy Data (Specify unit of measure, e.g., 1,000 patient days, 500 visits)	19,054 patient days	20,743 patient days	Not Available
B. Revenue from Services to Patients			
1. Inpatient Services	\$4,577,208.00	\$4,765,739.00	
2. Outpatient Services			
3. Emergency Services			
4. Other Operating Revenue	\$269,272.00	\$398,111.00	
Specify: Miscellaneous Income			
Gross Operating Revenue	\$4,846,480.00	\$5,163,850.00	\$0.00
C. Deductions from Operating Revenue			
1. Contract Deductions	\$1,209,833.00	\$1,310,564.00	
2. Provision for Charity Care			
3. Provision for Bad Debt			
Total Deductions	\$1,209,833.00	\$1,310,564.00	\$0.00
NET OPERATING REVENUE	\$3,636,647.00	\$3,853,286.00	\$0.00
D. Operating Expenses			
1. Salaries and Wages			
a. Direct Patient Care	\$895,102.00	\$880,713.00	
b. Non-Patient Care	\$383,582.00	\$421,045.00	
2. Physicians' Salaries and Wages	\$30,000.00	\$30,000.00	
3. Supplies	\$193,554.00	\$187,756.00	
4. Rent			
a. Paid to Affiliates	\$227,733.00	\$227,200.00	
b. Paid to Non-Affiliates			
5. Management Fees:			
a. Fees to Affiliates	\$363,705.00	\$221,598.00	
b. Fees to Non-Affiliates			
6. Other Operating Expenses	\$1,664,513.00	\$1,663,185.00	\$0.00
Total Operating Expenses	\$3,758,189.00	\$3,631,497.00	\$0.00
E. Earnings Before Interest, Taxes, and Depreciation	-\$121,542.00	\$221,789.00	\$0.00
F. Non-Operating Expenses			
1. Taxes			
2. Depreciation	\$57,312.00	\$63,603.00	
3. Interest	\$3,535.00	\$3,685.00	
4. Other Non-Operating Expenses			
Total Non-Operating Expenses	\$60,847.00	\$67,288.00	\$0.00
NET INCOME (LOSS)	-\$182,389.00	\$154,501.00	\$0.00
G. Other Deductions			
1. Annual Principal Debt Repayment			
2. Annual Capital Expenditure			
Other Total Deductions	\$0.00	\$0.00	\$0.00
NET BALANCE	-\$182,389.00	\$154,501.00	\$0.00
DEPRECIATION	\$0.00	\$0.00	\$0.00
FREE CASH FLOW (Net Balance + Depreciation)	-\$182,389.00	\$154,501.00	\$0.00

December 20, 2017**10:09 am****HISTORICAL DATA CHART -- OTHER EXPENSES**

___ Total Facility
 ___ Project Only

<u>OTHER EXPENSE CATEGORY</u>	Year _12/31/16__	Year _12/31/15__	Year ____
1. Professional Services Contracts	34462	34595	
2. Contract Labor	727781	670664	
3. Imagng Interpretation Fees			
(Itemize all others below)			
Bed taxes	307113	279019	
Payroll tax, empl. benefits	187394	205428	
Insurance	118411	130816	
All other expenses	289352	342663	
TOTAL OTHER EXPENSES	\$ 1,664,513.00	\$ 1,663,185.00	\$ -

4. Complete Projected Data Charts on the following two pages – **Do not modify the Charts provided or submit Chart substitutions!**

The Projected Data Chart requests information for the two years following the completion of the proposed services that apply to the project. Please complete two Projected Data Charts. One Projected Data Chart should reflect revenue and expense projections for the *Proposal Only* (i.e., if the application is for additional beds, include anticipated revenue from the proposed beds only, not from all beds in the facility). The second Chart should reflect information for the total facility. Only complete one chart if it suffices.

Note that “Management Fees to Affiliates” should include management fees paid by agreement to the parent company, another subsidiary of the parent company, or a third party with common ownership as the applicant entity. “Management Fees to Non-Affiliates” should include any management fees paid by agreement to third party entities not having common ownership with the applicant.

A completed Projected Data Chart is attached following this page.

PROJECTED DATA CHART

X Total Facility
 Project Only

Give information for the last two (2) years for which complete data are available for the facility or agency. The fiscal year begins in X January _____ (Month)

	Year: 1	Year: 2
A. Utilization/Occupancy Data (Specify unit of measure, e.g., 1,000 patient days, 500 visits)	11,476 patient days 46.9% occupancy	21,900 patient days 89.5% occupancy
B. Revenue from Services to Patients		
1. Inpatient Services	\$3,174,592.13	\$5,671,335.99
2. Outpatient Services		
3. Emergency Services		
4. Other Operating Revenue	\$2,490.00	\$4,890.00
Specify: Phone, Cable, Guest Meals		
Gross Operating Revenue	\$3,177,082.13	\$5,676,225.99
C. Deductions from Operating Revenue		
1. Contract Deductions	\$223,551.80	\$415,654.62
2. Provision for Charity Care	\$40,186.05	\$74,091.70
3. Provision for Bad Debt	\$25,600.00	\$25,744.99
Total Deductions	\$289,337.86	\$515,491.31
NET OPERATING REVENUE	\$2,887,744.28	\$5,160,734.67
D. Operating Expenses		
1. Salaries and Wages		
a. Direct Patient Care	\$773,999.31	\$1,378,462.07
b. Non-Patient Care	\$489,088.92	\$519,542.40
2. Physicians' Salaries and Wages	\$18,000.00	\$18,000.00
3. Supplies	\$197,127.88	\$340,241.73
4. Rent		
a. Paid to Affiliates	\$738,000.00	\$738,000.00
b. Paid to Non-Affiliates		
5. Management Fees:		
a. Fees to Affiliates	\$88,605.91	\$157,817.14
b. Fees to Non-Affiliates		
6. Other Operating Expenses	\$903,865.57	\$1,184,224.80
Total Operating Expenses	\$3,208,687.59	\$4,336,288.14
E. Earnings Before Interest, Taxes, and Depreciation	-\$320,943.32	\$824,446.53
F. Non-Operating Expenses		
1. Taxes	\$211,031.00	\$292,575.00
2. Depreciation	\$36,876.00	\$36,876.00
3. Interest	\$2,056.00	\$2,400.00
4. Other Non-Operating Expenses		
Total Non-Operating Expenses	\$249,963.00	\$331,851.00
NET INCOME (LOSS)	-\$570,906.32	\$492,595.53
G. Other Deductions (N/A - Facility is Leased)		
1. Estimated Annual Principal Debt Repayment		
2. Annual Capital Expenditure		
Other Total Deductions	\$0.00	\$0.00
NET BALANCE	-\$570,906.32	\$492,595.53
DEPRECIATION	\$0.00	\$0.00
FREE CASH FLOW (Net Balance + Depreciation)	-\$570,906.32	\$492,595.53

PROJECTED DATA CHART -- OTHER EXPENSES

X Total Facility
 ___ Project Only

OTHER EXPENSE CATEGORY

Year __1__

Year __2__

1. Professional Services Contracts	32,992.05	40,719.04
2. Contract Labor	178,643.33	250,355.33
3. Imagng Interpretation Fees		
(Itemize all others below)		
See Attached	692,230.18	893,150.44
 TOTAL OTHER EXPENSES	 903,865.57	 1,184,224.80

Christian Care Center of Bolivar - Projected Data Chart - Other Expenses

	YEAR 1	YEAR 2
OTHER EXPENSES		
Administrative		
Dues & Subscriptions	39,060.00	39,060.00
Telephone	12,000.00	12,000.00
Accounting Services	21,972.00	21,972.00
Liability Insurance	39,684.00	39,684.00
Vehicle Expense	1,701.88	3,247.77
Employee Travel/Meals	1,008.73	1,925.01
Staff Procurement Advertising	2,819.95	4,999.77
Marketing & Public Relations	12,000.00	12,000.00
Purchased Services	34,020.00	34,020.00
Education	628.82	1,200.00
Billing & Disbursement Expense	33,797.70	64,497.69
Risk Management Expense	11,576.90	22,092.72
Patient Memorial Expense	434.94	830.01
Other Administrative Expense	238.70	455.52
Customer Relations Expense	2,368.63	4,520.16
IT Support Expense	9,456.15	18,045.60
Total Administrative Expense	222,568.38	280,550.25
Employee Benefits		
Payroll Taxes	103,218.33	157,903.57
Employee Insurance - Health	95,472.00	95,472.00
Employee Relations	1,829.26	3,490.86
Workers Comp Insurance	63,154.41	94,900.22
Benefits Administration Expense	24,257.77	46,292.22
Employee Insurance - Life	852.00	852.00
Employee Insurance - LTD	2,520.00	2,520.00
Background Checks	245.58	468.66
Total Employee Benefits Expense	291,549.36	401,899.54
Housekeeping		
Pest Control	3,600.00	3,600.00
Total Housekeeping Expense	3,600.00	3,600.00
Nursing		
Resident Transports	3,144.08	6,000.00
EDCC Expense	23,074.61	44,034.33
MDS Expense	4,344.00	4,344.00
Total Nursing Expense	30,562.69	54,378.33
Other		
Bank Charges	360.00	360.00
Beauty / Barber Shop	3,772.90	7,200.00
Total Other Expense	4,132.90	7,560.00
Plant		
Utilities - Gas	8,724.00	8,724.00
Utilities - Electricity	58,380.00	58,380.00
Utilities - Water / Sewer	19,524.00	19,524.00
Purchased Services	24,036.00	24,036.00
Rental Equipment	250.17	477.42
Lawn Service	9,000.00	9,000.00
Furniture / Equip. Replacement	1,565.31	2,987.16
Plant Engineer Expense	3,442.77	6,570.00
Storage Space Expense	2,568.00	2,568.00
Total Plant Expense	127,490.26	132,266.58
Property		
Insurance - Bldg. & Equipment	11,700.00	11,700.00
Total Property Expense	11,700.00	11,700.00
Recreation		
Outings & Special Events	626.58	1,195.74
Total Recreation Expense	626.58	1,195.74
TOTAL OTHER EXPENSES	692,230.18	893,150.44

5. A. Please identify the project's average gross charge, average deduction from operating revenue, and average net charge using information from the Projected Data Chart for Year 1 and Year 2 of the proposed project. Please complete the following table.

	Previous Year (2015 - Former owner)	Current Year (2016 - Former owner)	Year One	Year Two	% Change (2016 Former owner to Yr. 1 2020)
Gross Charge (Gross Operating Revenue/Utilization Data)	\$248.94	\$254.35	\$276.85	\$259.19	1.9%
Deduction from Revenue (Total Deductions/Utilization Data)	\$63.18	\$63.49	\$25.21	\$25.54	-62.9%
Average Net Charge (Net Operating Revenue/Utilization Data)	\$185.76	\$190.86	\$251.63	\$233.65	23.5%

* The reason the contractual adjustment is reflected as a large decrease is due to the fact Medicare RUG payments are included as gross revenue in the Projected Data Chart. These payments are higher than the private pay gross charge, and therefore there is no Medicare downward charge adjustments included in the Projected Data Chart.

- B. Provide the proposed charges for the project and discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the project and the impact on existing patient charges.

The proposed charges are reflected above. Since the facility voluntarily suspended operations as of September 2017, there are no current charges.

For comparison purposes, the average charges for Pleasant View according to its 2016 and 2015 data are included above. The increase in the average charges is due to multiple factors, including 4 years of intervening time, Medicare rate adjustments, and payor mix. It should be noted the facility was operating at a financial loss when it was acquired by the applicant, whereas the new facility will be profitable by Year 2.

- C. Compare the proposed charges to those of similar facilities in the service area/adjoining service areas, or to proposed charges of projects recently approved by the Health Services and Development Agency. If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

Christian Care Center of Bolivar (Projected Year 1 -- 2020):

Average Gross Charge: \$276.85

Pine Meadows Health & Rehab (2016)

Average Gross Charge: \$210.96

The applicant's average gross charge includes Medicare RUG payment rates, which are higher than private pay and Medicaid gross charges. It should also be noted there are 4 intervening years separating the average charges being compared.

6. **A. Discuss how projected utilization rates will be sufficient to support the financial performance.** ⁵³ Indicate when the project's financial breakeven is expected and demonstrate the availability of sufficient cash flow until financial viability is achieved. Provide copies of the balance sheet and income statement from the most recent reporting period of the institution and the most recent audited financial statements with accompanying notes, if applicable. For all projects, provide financial information for the corporation, partnership, or principal parties that will be a source of funding for the project. Copies must be inserted at the end of the application, in the correct alpha-numeric order and labeled as Attachment Section B-Economic Feasibility-6A. NOTE: Publicly held entities only need to reference their SEC filings.

Christian Care Center of Bolivar, LLC is a newly formed entity, and therefore no financial data exists. There is no parent company of CCC of Bolivar.

Financial stability and viability is assured by the fact the applicant will be backed by a \$1 million line of credit. Please see the funding letters attached as Attachment Section B, Economic Feasibility, 2.

- B. Net Operating Margin Ratio – Demonstrates how much revenue is left over after all the variable or operating costs have been paid. The formula for this ratio is: (Earnings before interest, Taxes, and Depreciation/Net Operating Revenue).**

Utilizing information from the Historical and Projected Data Charts please report the net operating margin ratio trends in the following table:

Year	2015 (Former owner)	2016 (Former owner)	Current Year	Projected Year 1	Projected Year 2
Net Operating Margin Ratio	.057	-.033	N/A	-.11	.16

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- B. Capitalization Ratio (Long-term debt to capitalization) – Measures the proportion of debt financing in a business's permanent (Long-term) financing mix. This ratio best measures a business's true capital structure because it is not affected by short-term financing decisions. The formula for this ratio is: Long Term Debt/(Long Term Debt + Total Equity) x 100.

For the entity (applicant and/or parent company) that is funding the proposed project please provide the capitalization ratio using the most recent year available from the funding entity's audited balance sheet, if applicable. The Capitalization Ratios are not expected from outside the company lenders that provide funding.

N/A. Christian Care Center of Bolivar, LLC is a newly formed entity.

7. Discuss the project's participation in state and federal revenue programs including a description of the extent to which Medicare, TennCare/Medicaid and medically indigent patients will be served by the project. Additionally, report the estimated gross operating revenue dollar amount and percentage of projected gross operating revenue anticipated by payor classification for the first year of the project by completing the table below.

Applicant's Projected Payor Mix, Year 1

Payor Source	Projected Gross Operating Rev.	As a % of total
Medicare/Medicare Managed Care	\$1,102,447	34.70%
TennCare/Medicaid	\$1,686,713	53.09%
Commercial/Other Managed Care	-	-
Self-Pay	\$283,078	8.91%
Charity Care	\$40,349	1.27%
Other (Specify) Hospice	\$64,495	2.03%
Total	\$3,177,082	100%

8. Provide the projected staffing for the project in Year 1 and compare to the current staffing for the most recent 12-month period, as appropriate. This can be reported using full-time equivalent (FTEs) positions for these positions. Additionally, please identify projected salary amounts by position classifications and compare the clinical staff salaries to prevailing wage patterns in the proposed service area as published by the Department of Labor & Workforce Development and/or other documented sources.

Position Classification	Existing FTEs (N/A)	Projected FTEs Year 1	Average Wage (Contractual Rate)	Area Wide/Statewide Average Wage
A. Direct Patient Care Positions				
ADMINISTRATOR	N/A	1.00	\$48.08	\$46.60
NURSING ADMINISTRATION	N/A	3.00	\$37.58	Not Listed
MEDICAL RECORDS	N/A	1.00	\$19.23	\$17.75
RN	N/A	4.20	\$32.39	\$30.00

LPN	N/A	557.00	\$23.81	\$20.20
C.N.A.	N/A	19.60	\$13.35	\$12.00
ACTIVITIES & CHAPLAIN	N/A	2.25	\$17.57	Not Listed
MARKETING & SOCIAL SERVICES	N/A	2.00	\$29.43	\$28.00
Total Direct Patient Care Positions	N/A	40.05		
B. Non-Patient Care Positions				
OFFICE MGR. & H.R.	N/A	2.00	\$19.65	\$19.65
DIETARY	N/A	6.42	\$13.25	\$12.00
HOUSEKEEPING	N/A	4.94	\$11.60	\$9.85
LAUNDRY	N/A	1.40	\$11.60	\$9.85
Total Non-Patient Care Positions	N/A	14.76		
Total Employees (A+B)	N/A	54.81		
C. Contractual Staff				
Physical Therapist	N/A	1.40	\$43.00	\$42.75
Physical Therapist Assistant	N/A	2.80	\$35.00	\$34.10
Occupational Therapist	N/A	1.40	\$41.00	\$40.65
Certified Occupational Therapy Assistant	N/A	2.40	\$35.00	Not Listed
Speech Therapist	N/A	1.40	\$40.00	\$36.95
Medical Director	N/A	0.05	\$150.00	\$138.40
Respiratory Therapist	N/A	0.50	\$24.00	\$23.80
Total Staff (A+B+C)	N/A	64.76		

7. Describe all alternatives to this project which were considered and discuss the advantages and disadvantages of each alternative including but not limited to:

A. Discuss the availability of less costly, more effective and/or more efficient alternative methods of providing the benefits intended by the proposal. If development of such alternatives is not practicable, justify why not, including reasons as to why they were rejected.

As discussed in the Need section of this application, the 67 licensed beds at Pleasant View are needed in the service area. The voluntary temporary suspension of operations does not obviate the need for these beds in the future.

Continuing operations in the existing facility is not practical, and in the applicants view, could be potentially hazardous to patients. Therefore, the relocation of the nursing home and the

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construction of a modern replacement facility is the only realistic alternative for providing the needed nursing home beds in Hardeman County.

B. Document that consideration has been given to alternatives to new construction, e.g., modernization or sharing arrangements.

The applicant acquired Pleasant View effective September 1, 2017. The condition of the physical plant was in such a deficient, deteriorated and unsafe for frail SNF patients' condition, there was never a plan to attempt to renovate. The applicant wants to build a spacious new up-to-date facility at a new site conveniently located on a major US/State Highway in Bolivar that will better serve the community.

CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE

- 1. List all existing health care providers (i.e., hospitals, nursing homes, home care organizations, etc.), managed care organizations, alliances, and/or networks with which the applicant currently has or plans to have contractual and/or working relationships, that may directly or indirectly apply to the project, such as, transfer agreements, contractual agreements for health services.**

A list of anticipated providers, vendors, and contractors in the applicant's network is attached as Attachment B, Orderly Development, 1.

- 2. Describe the effects of competition and/or duplication of the proposal on the health care system, including the impact to consumers and existing providers in the service area. Discuss any instances of competition and/or duplication arising from your proposal including a description of the effect the proposal will have on the utilization rates of existing providers in the service area of the project.**

A. Positive Effects

This project will allow the 67 licensed skilled nursing beds to be put back into operation in a modern new facility conveniently located on a major US/State Highway. This will allow patients to have a convenient second choice of SNFs in Hardeman County, and allow more Hardeman County residents to have access to a nursing home bed in the county.

Hardeman county is underserved with SNF beds, and particularly private beds. The replacement facility will offer 43 private beds and 24 semi-private beds, whereas the current inactive facility has only 12 private beds and 55 semi-private beds. Private beds in SNFs are very popular and much sought after by those needing long term skilled nursing care.

B. Negative Effects

A negative aspect of this project is it required the suspension of operations at Pleasant View pending the construction of the replacement facility. The temporary voluntary suspension of operations was necessary, however, due to the perceived unsafe and deficient condition of the building. The proposed replacement facility will be a modern, spacious and conveniently located facility with 43 private beds and 24 semi-private beds.

Although the new replacement facility will re-introduce competition into the market after the voluntary suspension of operations at Pleasant View, it provides for healthy competition which will give patients a choice of skilled nursing facilities in Hardeman County.

According to the bed need formula calculations of the Tennessee Department of Health, there will be a need for 217 beds in Hardeman County in 2019. There are currently 201 licensed

beds, including the 67 licensed inactive beds⁵⁷ at Pleasant View. The resumption of operations in the new replacement facility, to be called Christian Care Center of Bolivar, will not be an unnecessary duplication of services.

- 3. A. Discuss the availability of and accessibility to human resources required by the proposal, including clinical leadership and adequate professional staff, as per the State of Tennessee licensing requirements and/or requirements of accrediting agencies, such as the Joint Commission and Commission on Accreditation of Rehabilitation Facilities.**

The staffing pattern reflected in the response to Section B, Economic Feasibility 8 is compliant with all applicable licensing and accreditation requirements.

- B. Verify that the applicant has reviewed and understands all licensing and/or certification as required by the State of Tennessee and/or accrediting agencies such as the Joint Commission for medical/clinical staff. These include, without limitation, regulations concerning clinical leadership, physician supervision, quality assurance policies and programs, utilization review policies and programs, record keeping, clinical staffing requirements, and staff education.**

The applicant has reviewed and understands all licensing and/or certification as required by the State of Tennessee and/or accrediting agencies such as the Joint Commission for medical/clinical staff.

- C. Discuss the applicant's participation in the training of students in the areas of medicine, nursing, social work, etc. (e.g., internships, residencies, etc.).**

Christian Care Center of Bolivar supports the development, growth, and diversification of individuals seeking careers in health care and will explore participation in the training of students in the areas of medicine, nursing, social work, etc. through clinical affiliation agreements with:

Tennessee College of Applied Technology
1685 US-64
Whiteville, TN 38075

Freed-Hardeman University
158 East Main Street
Henderson, TN 38340

Jackson State Community College
2046 North Parkway
Jackson, TN 38301

- 4. Identify the type of licensure and certification requirements applicable and verify the applicant has reviewed and understands them. Discuss any additional requirements, if applicable. Provide the name of the entity from which the applicant has received or will receive licensure, certification, and/or accreditation.**

Licensure: Tennessee Board for Licensing Healthcare Facilities.

Certification: Medicare and TennCare

Accreditation Joint Commission

- A. If an existing institution, describe the current standing with any licensing, certifying, or accrediting agency. Provide a copy of the current license of the facility and accreditation designation.**

A copy of the licenses is attached as Attachment Section B, Orderly Development 4, A.

- B. For existing providers, please provide a copy of the most recent statement of deficiencies/plan of correction and document that all deficiencies/findings have been corrected by providing a letter from the appropriate agency.**

The most recent survey, statement of deficiencies and Plan of Correction are all on behalf of the previous owner of Pleasant View, and not the applicant. Copies of the survey, POC and approval letter from the Department of Health are attached as Attachment B, Orderly Development, 4, B.

C. Document and explain inspections within the last three survey cycles which have resulted in any of the following state, federal, or accrediting body actions: suspension of admissions, civil monetary penalties, notice of 23-day or 90-day termination proceedings from Medicare/Medicaid/TennCare, revocation/denial of accreditation, or other similar actions.

None.

1) Discuss what measures the applicant has or will put in place to avoid similar findings in the future.

N/A.

5. Respond to all of the following and for such occurrences, identify, explain and provide documentation:

A. Has any of the following:

- 1) Any person(s) or entity with more than 5% ownership (direct or indirect) in the applicant (to include any entity in the chain of ownership for applicant);**
- 2) Any entity in which any person(s) or entity with more than 5% ownership (direct or indirect) in the applicant (to include any entity in the chain of ownership for applicant) has an ownership interest of more than 5%; and/or**
- 3) Any physician or other provider of health care, or administrator employed by any entity in which any person(s) or entity with more than 5% ownership in the applicant (to include any entity in the chain of ownership for applicant) has an ownership interest of more than 5%.**

B. Been subjected to any of the following:

1) Final Order or Judgment in a state licensure action;

No.

2) Criminal fines in cases involving a Federal or State health care offense;

No.

3) Civil monetary penalties in cases involving a Federal or State health care offense;

No.

4) Administrative monetary penalties in cases involving a Federal or State health care offense;

No.

- 5) Agreement to pay civil or administrative monetary penalties to the federal government or any state in cases involving claims related to the provision of health care items and services; and/or

No

- 6) Suspension or termination of participation in Medicare or Medicaid/TennCare programs.

No

- 7) Is presently subject of/to an investigation, regulatory action, or party in any civil or criminal action of which you are aware.

No

- 8) Is presently subject to a corporate integrity agreement.

No

6. Outstanding Projects:

- A. Complete the following chart by entering information for each applicable outstanding CON by applicant or share common ownership; and

None

- B. Provide a brief description of the current progress, and status of each applicable outstanding CON.

N/A.

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7. **Equipment Registry** – For the applicant and all entities in common ownership with the applicant.

A. Do you own, lease, operate, and/or contract with a mobile vendor for a Computed Tomography scanner (CT), Linear Accelerator, Magnetic Resonance Imaging (MRI), and/or Positron Emission Tomographer (PET)?

No

B. If yes, have you submitted their registration to HSDA? If you have, what was the date of submission?

N/A

C. If yes, have you submitted your utilization to Health Services and Development Agency? If you have, what was the date of submission?

N/A

QUALITY MEASURES

Please verify that the applicant will report annually using forms prescribed by the Agency concerning continued need and appropriate quality measures as determined by the Agency pertaining to the certificate of need, if approved.

The applicant verifies it will do so.

SECTION C: STATE HEALTH PLAN QUESTIONS

T.C.A. §68-11-1625 requires the Tennessee Department of Health's Division of Health Planning to develop and annually update the State Health Plan (found at <http://www.tn.gov/health/topic/health-planning>). The State Health Plan guides the State in the development of health care programs and policies and in the allocation of health care resources in the State, including the Certificate of Need program. The 5 Principles for Achieving Better Health are from the State Health Plan's framework and inform the Certificate of Need program and its standards and criteria.

Discuss how the proposed project will relate to the 5 Principles for Achieving Better Health found in the State Health Plan.

1. **The purpose of the State Health Plan is to improve the health of the people of Tennessee.**

This appears to be a policy statement to which no response is necessary.

2. **People in Tennessee should have access to health care and the conditions to achieve optimal health.**

This project will improve access by making the 67 licensed beds available again after the temporary voluntary suspension of operations in order to construct the replacement facility. It will optimize care by bringing to the market a spacious, modern, conveniently located facility with mostly private beds.

3. **Health resources in Tennessee, including health care, should be developed to address the health of people in Tennessee while encouraging economic efficiencies.**

The project will improve access to and quality of health care in an economically feasible manner, as reflected in the Projected Data Chart.

4. **People in Tennessee should have confidence that the quality of health care is continually monitored and standards are adhered to by providers.**

The new Christian Care Center of Bolivar will maintain its licensure with the Tennessee Board for Licensing Health Care Facilities in good standing. It will submit itself to the scrutiny of and be accredited by the Joint Commission, and will be certified by CMS for Medicare participation. It will adhere to the quality monitoring and standards of all such institutions.

5. **The state should support the development, recruitment, and retention of a sufficient and quality health workforce.**

Christian Care Center of Bolivar will hire approximately 55 direct and non-direct patient care FTE positions. It will pay competitive salaries and benefits in order to help retain its staff.

PROOF OF PUBLICATION

Attach the full page of the newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit from the newspaper that includes a copy of the publication as proof of the publication of the letter of intent.

The Notice of Intent was published in the Bolivar Bulletin Times which is a newspaper of general circulation in Hardeman County, Tennessee on December 7, 2017 for one day.

A Publisher's Affidavit is attached following this page.

NOTIFICATION REQUIREMENTS

(Applies only to Nonresidential Substitution-Based Treatment Centers for Opiate Addiction)

Note that T.C.A. §68-11-1607(c)(9)(A) states that "...Within ten (10) days of the filing of an application for a nonresidential substitution-based treatment center for opiate addiction with the agency, the applicant shall send a notice to the county mayor of the county in which the facility is proposed to be located, the state representative and senator representing the house district and senate district in which the facility is proposed to be located, and to the mayor of the municipality, if the facility is proposed to be located within the corporate boundaries of a municipality, by certified mail, return receipt requested, informing such officials that an application for a nonresidential substitution-based treatment center for opiate addiction has been filed with the agency by the applicant."

Failure to provide the notifications described above within the required statutory timeframe will result in the voiding of the CON application.

Please provide documentation of these notifications.

DEVELOPMENT SCHEDULE

T.C.A. §68-11-1609(c) provides that a Certificate of Need is valid for a period not to exceed three (3) years (for hospital projects) or two (2) years (for all other projects) from the date of its issuance and after such time shall expire; provided, that the Agency may, in granting the Certificate of Need, allow longer periods of validity for Certificates of Need for good cause shown. Subsequent to granting the Certificate of Need, the Agency may extend a Certificate of Need for a period upon application and good cause shown, accompanied by a non-refundable reasonable filing fee, as prescribed by rule. A Certificate of Need which has been extended shall expire at the end of the extended time period. The decision whether to grant such an extension is within the sole discretion of the Agency, and is not subject to review, reconsideration, or appeal.

1. Complete the Project Completion Forecast Chart on the next page. If the project will be completed in multiple phases, please identify the anticipated completion date for each phase.
2. If the response to the preceding question *indicates that the applicant does not anticipate completing the project within the period of validity as defined in the preceding paragraph*, please state below any request for an extended schedule and document the "good cause" for such an extension.

COUNTY JOURNAL, INC.

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731.658.7328 * FAX 731.658.4320

Darrell Teubner, being sworn, makes oath that he is the publisher of the Bolivar Bulletin Times, a weekly newspaper, published by County Journal, Inc. in Hardeman County, Tennessee.

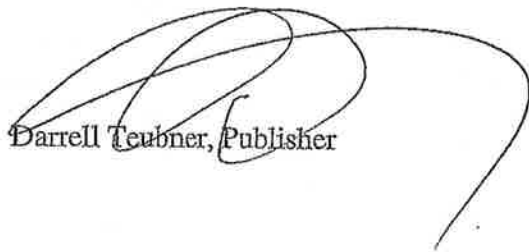
A (an) Notice of intent on Bolivar

Appeared in said newspaper 1 consecutive week(s).

To wit: Dec 7 2017

And that a true copy of said notice is attached.

This 7th day of Dec 2017


Darrell Teubner, Publisher

Sworn and subscribed before me:

This 7 day of December, 2017

Notary Public Gail R. Teubner

My commission expires Nov 22, 2020. The cost of this legal is \$105



65 PROJECT COMPLETION FORECAST CHART

Assuming the Certificate of Need (CON) approval becomes the final HSDA action on the date listed in Item 1. below, indicate the number of days from the HSDA decision date to each phase of the completion forecast.

<u>Phase</u>	<u>Days Required</u>	<u>Anticipated Date [Month/Year]</u>
1. Initial HSDA decision date		April 2018
2. Architectural and engineering contract signed	0	May
3. Construction documents approved by the Tennessee Department of Health	150	October 2018
4. Construction contract signed	150	October 2018
5. Building permit secured	180	November 2018
6. Site preparation completed	270	February 2019
7. Building construction commenced	300	March 2019
8. Construction 40% complete	390	June 2019
9. Construction 80% complete	510	October 2019
10. Construction 100% complete (approved for occupancy	660	February 2020
11. *Issuance of License	690	March 2020
12. *Initiation of Service	690	March 2020
13. Final Architectural Certification of Payment	705	April 2020
14. Final Project Report Form submitted (Form HR0055)	720	April 2020

*For projects that **DO NOT** involve construction or renovation, complete Items 11 & 12 only.

NOTE: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date

AFFIDAVITSTATE OF TennesseeCOUNTY OF Washington

Anita West, being first duly sworn, says that he/she is the applicant named in this application or his/her/its lawful agent, that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Services and Development Agency, and T.C.A. §68-11-1601, *et seq.*, and that the responses to this application or any other questions deemed appropriate by the Health Services and Development Agency are true and complete.

Anita West, Treasurer
SIGNATURE/TITLE

Sworn to and subscribed before me this 6th day of Dec, 2017 a Notary
(Month) (Year)

Public in and for the County/State of Tennessee.

Denise D. Eith
NOTARY PUBLIC

My commission expires Oct 29, 19.
(Month/Day) (Year)



LIST OF ATTACHMENTS

Christian Care Center of Bolivar

Table of Contents of QAPI Manual	<u>Attachment Section A, B (3)</u>
Organizational documentation	<u>Attachment Section A-4 A, 1</u>
Ownership chart	<u>Attachment Section A-4 A, 2</u>
Consulting agreement	<u>Attachment Section A-5</u>
Real estate purchase agreement and Lease	<u>Attachment Section A-6 A</u>
Plot Plan	<u>Attachment A-6 B, 1</u>
Floor Plan	<u>Attachment A-6 B, 2</u>
Bed need calculation	<u>Attachment Section B, Need, 1, (1)</u>
Anticipated contractors and vendors	<u>Attachment Section B, Orderly Development, 1</u>
Population and Demographics Table	<u>Attachment Section B, Need, 4 A</u>
Letter from project architect	<u>Attachment Section B, Economic Feasibility, 1</u>
Funding letters	<u>Attachment Section B, Economic Feasibility, 2</u>
License	<u>Attachment Section B, Orderly Development 4, A</u>
Survey, POC and Approval Letter	<u>Attachment B, Orderly Development, 4, B</u>

CHRISTIAN CARE CENTER OF BOLIVAR

OWNERSHIP CHART

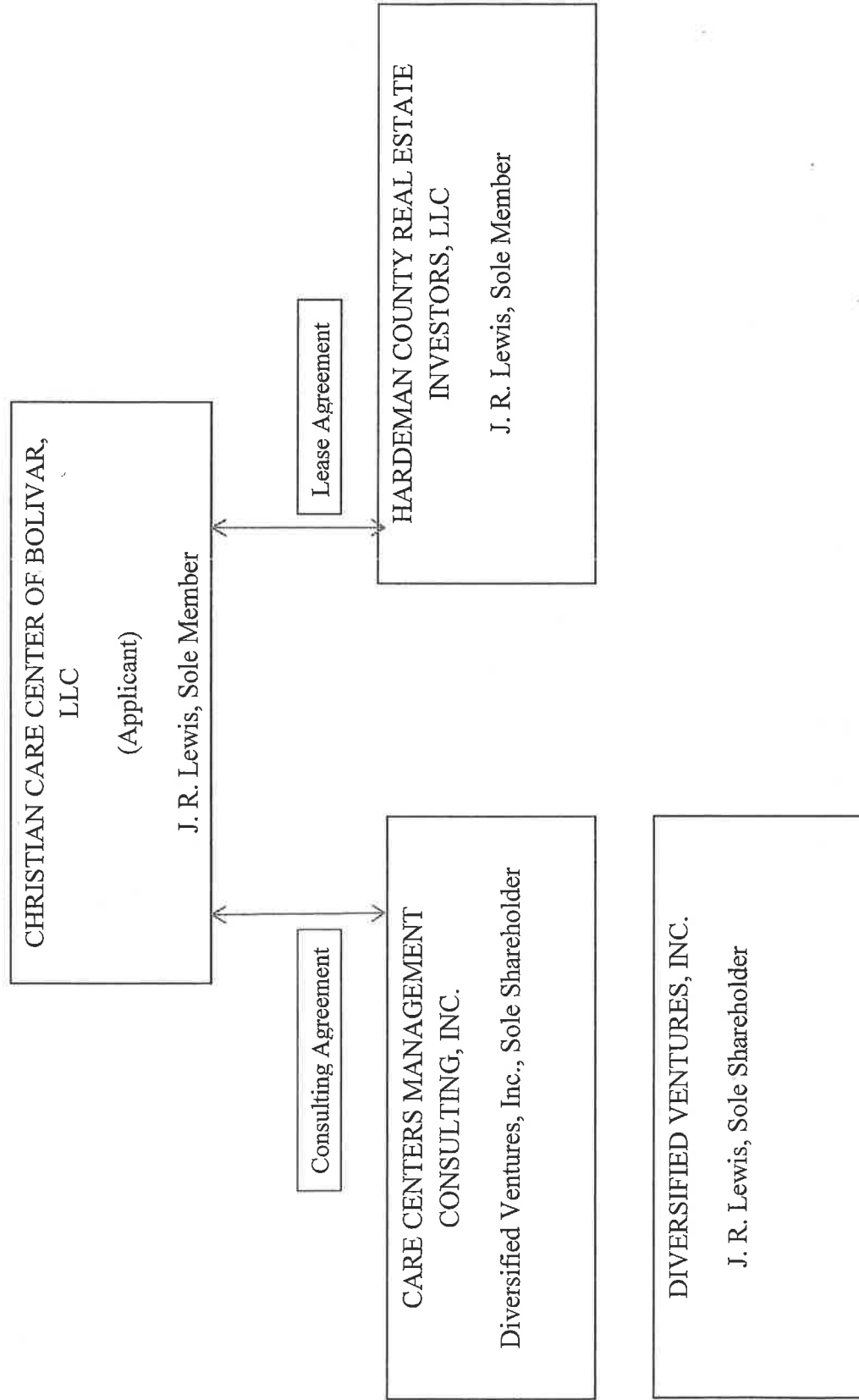
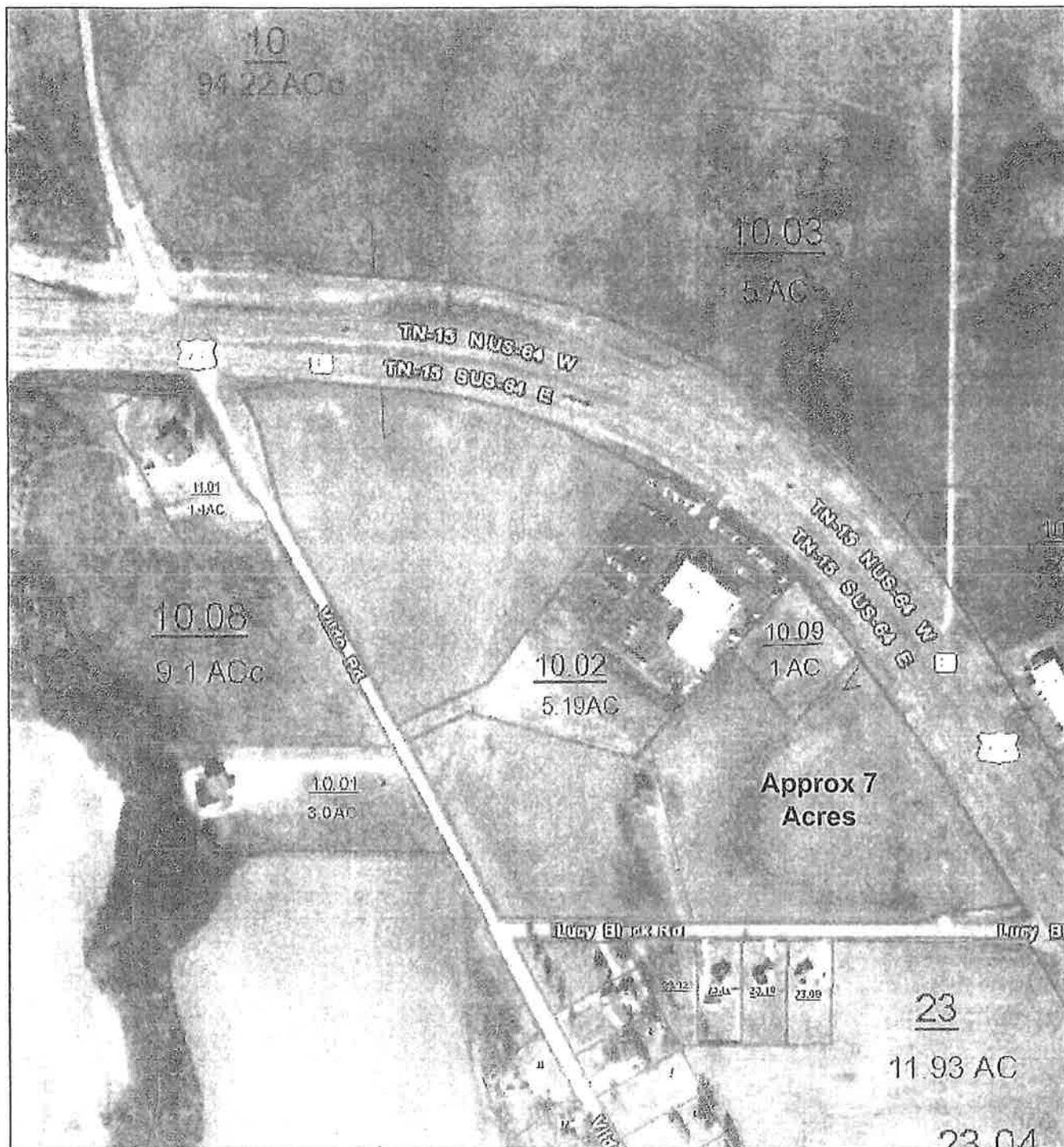


EXHIBIT A

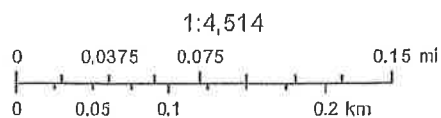
DESCRIPTION OF THE PREMISES

EXHIBIT 7A Hardeman County - Parcel: 061 010.00



Date: November 1, 2017
County: Hardeman
Owner: KELLER ALBERT L AND ALICE V KELLER CO TR
Address: HWY 64
Parcel Number: 061 010.00
Deeded Acreage: 0
Calculated Acreage: 34.7
Date of Imagery: 2012

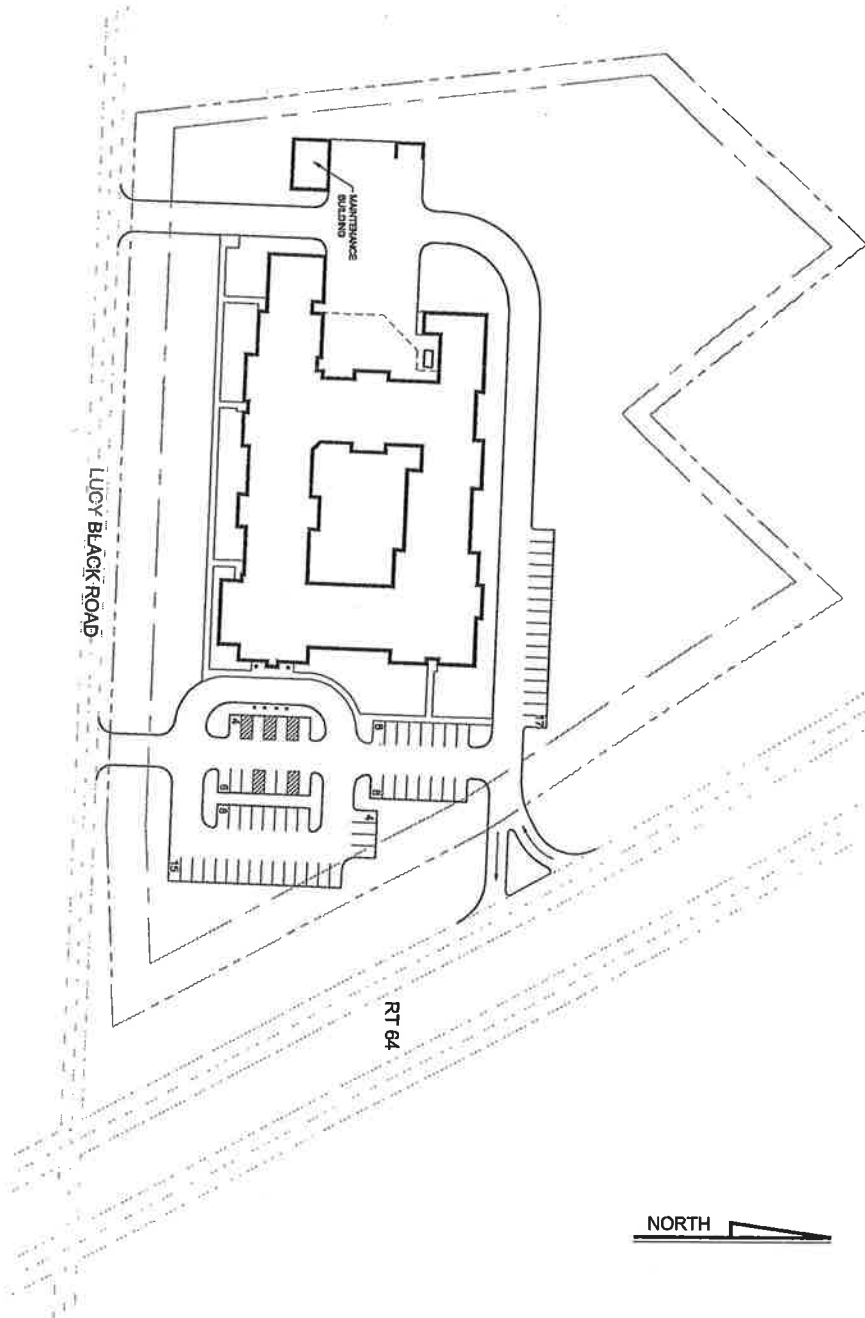
Building footprint on next page



TN Comptroller - OLG
TDOT
State of Tennessee, Comptroller of the Treasury, Office of Local Government (OLG)
Esri, HERE, DeLorme, MapmyIndia, © OpenStreetMap contributors

The property lines are compiled from information maintained by your local county Assessor's office but are not conclusive evidence of property ownership in and of itself.

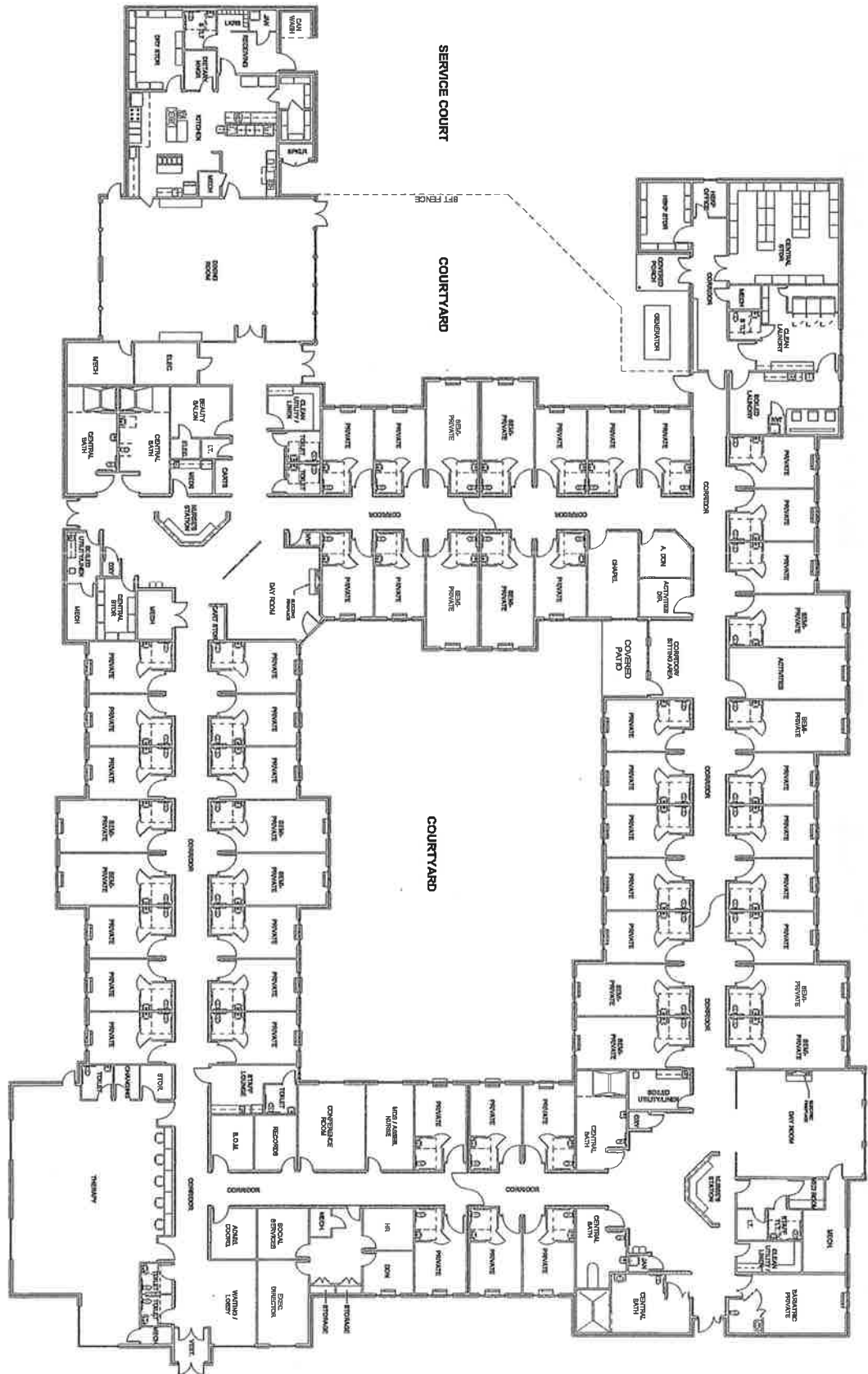
CHRISTIAN CARE CENTER OF BOLIVAR PROPOSED SITE PLAN



MAIN BUILDING: 39,850
MAINTENANCE BUILDING: 11,250
TOTAL BUILDING AREA: 41,200
TOTAL LAND AREA: 6.8 ACRES

kenross ARCHITECTS™
architects + planners + interior designers
210 east wacker drive | bolivar, miss. 37601
tel: 434.529.2121 fax: 434.529.2866
www.kenross.com

CHRISTIAN CARE CENTER OF BOLIVAR PROPOSED FLOOR PLAN



PRIVATE BEDS:	39
SEMI PRIVATE BEDS:	28
TOTAL BEDS:	67
MAINTENANCE BUILDING:	39,950
TOTAL BUILDING AREA:	41,200

kenross ARCHITECTS™
architects + planners + interior designers
2118 east swains ave. joplin mo, 64501
tel: 417.222.2191 fax: 417.222.2866
www.kenross.com



QUALITY ASSURANCE PERFORMANCE IMPROVEMENT MANUAL

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**NURSING HOME BED NEED BASED UPON THE OLD RATIO STANDARDS
METHODOLOGY USED FOR MEDICARE BEDS NEED CALCULATIONS,
BY COUNTY AND STATE TOTAL, 2019 (Based on 2017 UTCBER Projection Series*)**

COUNTY	TOTAL POP	BED NEED	COUNTY	TOTAL POP	BED NEED	COUNTY	TOTAL POP	BED NEED
STATE	7,037,025	53,353	HAMBLÉN	66,616	607	MORGAN	24,071	184
ANDERSON	78,731	815	HAMILTON	365,577	3,122	OBION	31,600	307
BEDFORD	51,420	359	HANCOCK	6,996	66	OVERTON	24,090	223
BENTON	16,727	185	HARDEMAN	27,279	217	PERRY	8,414	89
BLEDSE	13,437	119	HARDIN	26,743	287	PICKETT	5,251	71
BLOUNT	138,116	1,290	HAWKINS	59,553	568	POLK	17,726	167
BRADLEY	108,679	881	HAYWOOD	18,198	147	PUTNAM	83,063	695
CAMPBELL	41,721	394	HENDERSON	30,072	246	RHEA	34,903	314
CANNON	14,740	139	HENRY	33,922	373	ROANE	56,152	612
CARROLL	28,777	292	HICKMAN	27,123	214	ROBERTSON	77,441	513
CARTER	60,449	596	HOUSTON	9,085	90	RUTHERFORD	341,421	1,593
CHEATHAM	41,481	266	HUMPHREYS	19,136	186	SCOTT	23,145	181
CHESTER	18,811	163	JACKSON	12,320	124	SEQUATCHIE	16,667	146
CLAIBORNE	34,496	310	JEFFERSON	57,733	530	SEVIER	106,657	923
CLAY	7,879	91	JOHNSON	19,032	184	SHELBY	975,626	5,596
COCKE	37,510	354	KNOX	483,425	3,554	SMITH	20,685	157
COFFEE	57,398	510	LAKE	8,513	62	STEWART	14,313	133
CROCKETT	15,038	144	LAUDERDALE	29,055	192	SULLIVAN	159,584	1,743
CUMBERLAN	64,687	974	LAWRENCE	43,689	409	SUMNER	187,398	1,349
DAVIDSON	706,549	3,863	LEWIS	13,002	132	TIPTON	70,220	428
DECATUR	12,059	150	LINCOLN	35,286	327	TROUSDALE	8,651	63
DEKALB	20,074	180	LOUDON	57,017	722	UNICOI	19,082	223
DICKSON	55,589	419	MCMINN	55,411	545	UNION	20,228	156
DYER	39,736	325	MCNAIRY	27,625	264	VAN BUREN	5,684	54
FAYETTE	47,573	403	MACON	24,023	192	WARREN	41,304	360
FENTRESS	19,192	182	MADISON	105,581	827	WASHINGTON	139,160	1,216
FRANKLIN	42,543	427	MARION	29,974	274	WAYNE	17,598	160
GIBSON	52,184	486	MARSHALL	34,274	257	WEAKLEY	36,355	326
GILES	30,597	294	MAURY	91,811	705	WHITE	28,278	293
GRAINGER	24,407	219	MEIGS	12,408	115	WILLIAMSON	233,580	1,411
GREENE	74,149	734	MONROE	49,559	471	WILSON	136,217	956
GRUNDY	14,068	144	MONTGOMERY	216,612	920			
			MOORE	6,994	74			

PREPARED BY: TENNESSEE DEPARTMENT OF HEALTH, DIVISION OF POLICY, PLANNING AND ASSESSMENT

Nov 2017

*Projections Data Source: The University of Tennessee Center for Business and Economic Research Population Projection Data Files, Reassembled by the Tennessee Department of Health, Division of Policy, Planning and Assessment.

Note: These data will not match the University of Tennessee Data exactly due to rounding.

Intended or potential vendor contracts and/or working relationships:

Milan General Hospital
4039 Highland Street
Milan, TN 38358

Jackson Madison County General Hospital
620 Skyline Drive
Jackson, TN 38301

West Tennessee Healthcare
620 Skyline Drive
Jackson, TN 38301

Tennova Healthcare Regional Jackson
367 Hospital Boulevard
Jackson, TN 38305

CHS Regional Hospital of Jackson
37 Sandstone Drive
Jackson, TN 38305

Medical Center Laboratory
620 Skyline Drive
Jackson, TN 38301

Atrium Pharmacy
260 West Main Street, #103
Hendersonville, TN 37075

LabCorp
159 North Star Drive
Jackson, TN 38305

Emergency Mobile Health Care
2692 North Highland Avenue
Jackson, TN 38305

Medical Center EMS
620 Skyline Drive
Jackson, TN 38301

Hardeman County Ambulance
735 Naylor Street
Bolivar, TN 38008

Quality Mobile XRay
640 Grassmere Park, #116
Nashville, TN 37211

Functional Pathways of Tennessee
10122 Sherrill Boulevard, #200
Knoxville, TN 3793
(PT & OT)

Wellness Solutions
73 White Bridge Road, #103-243
Nashville, TN 37205
(OP Behavioral Health Services)

Claxton Dietetic Solutions
7768 Devonshire Drive
Knoxville, TN 37919

Encore Healthcare
104b West Court Square
Livingston, TN 38570
(Respiratory Services)

Vohra Post Acute Physicians
3601 SW 160th Avenue, #250
Miramar, FL 33027
(Wound Care)

Reinhart Food Service
100 Harborview Plaza
La Crosse, WI 54601

InPatient Consultants of Tennessee
PO Box 844929
Los Angeles, CA 90084
(Medical Director Services)

360 Care
3255 Levis Common Boulevard
Perrysburg, OH 43551
(Optometrist, Dentist, Audiologist)

Medical Center Home Health
650 Nuckolls Road
Bolivar, Tn 38008

Amedisys (Home Health)
221 South Main Street, #5
Bolivar, Tn 38008

Aseracare (Home Health)
1386 Union University Drive, Ste. E
Jackson, Tn 38305

Avalon Hospice
1700 West Market Street, Ste. C
Bolivar, Tn 38008

Intended or potential vendor contracts and/or working relationships:

Milan General Hospital
4039 Highland Street
Milan, TN 38358

Jackson Madison County General Hospital
620 Skyline Drive
Jackson, TN 38301

West Tennessee Healthcare
620 Skyline Drive
Jackson, TN 38301

Tennova Healthcare Regional Jackson
367 Hospital Boulevard
Jackson, TN 38305

CHS Regional Hospital of Jackson
37 Sandstone Drive
Jackson, TN 38305

Medical Center Laboratory
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Encore Healthcare
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Vohra Post Acute Physicians
3601 SW 160th Avenue, \$250
Miramar, FL 33027
(Wound Care)

Reinhart Food Service
 100 Harborview Plaza
 La Crosse, WI 54601

InPatient Consultants of Tennessee
 PO Box 844929
 Los Angeles, CA 90084
 (Medical Director Services)

360 Care
 3255 Levis Common Boulevard
 Perrysburg, OH 43551
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Medical Center Home Health
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 Bolivar, Tn 38008

Amedisys (Home Health)
 221 South Main Street, #5
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Aseracare (Home Health)
 1386 Union University Drive, Ste. E
 Jackson, Tn 38305

Avalon Hospice
 1700 West Market Street, Ste. C
 Bolivar, Tn 38008

December 20, 2017

Demographic Variable/ Geographic Area	Department of Health/Health Statistics							Bureau of the Census			TennCare		
	Total Population-Current Year (2017)	Total Population-Projected Year (2021)	Total Population-% Change	*Target Population (65+)- Current Year	*Target Population-Project Year	*Target Population-% Change	Target Population Projected Year as % of Total	Median Age	Median Household Income	Person Below Poverty Level*	Person Below Poverty Level as % of Total	TennCare Enrollees	TennCare Enrollees as % of Total
Franklin County	27,287	27,274	-0.05%	4,774	5,272	10.43%	19%	39.8	\$31,801	6,767	24.8%	6,904	25.3%
Primary Service Area	27,287	27,274	-0.05%	4,774	5,272	10.43%	19%	39.8	\$31,801	6,767	24.8%	6,904	25.3%
Total													
State of TN	6,887,572	7,188,358	4.37%	1,133,025	1,314,803	16.04%	18%	38.4	\$45,219	1,212,213	17.6%	1,565,932	22.7%
Total													

The Census Bureau website does not provide the number of persons below poverty level. The table in this column are calculated by TennCare.

*The Census Bureau website does not provide the number of persons below poverty level. The totals in this column are calculated by percentage of below poverty level in 2015 divided by total population in 2017.

Sources: <http://www.in.gov/health/article/statistics-population>; <http://www.tn.gov/tenncare/topic/enrollment-data>; <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>



November 29, 2017

RE: Christian Care Center of Bolivar

TO WHOM IT MAY CONCERN:

We verify that the Estimated Construction Cost of \$7,210,000.00 is reasonable for this facility.

This proposed facility will be designed and constructed to comply with the Building Codes adopted by Tennessee State Health Department (Department of Tennessee Health Care Facilities) listed below:

- 2012 International Building Code
- 2012 International Fire Code
- 2012 International Mechanical Code
- 2012 International Plumbing Code
- 2012 International Fuel Gas Code
- 2012 NFPA 101 Life Safety Code
- 2011 NFPA 70 National Electric Code
- 2010 ADA Standards for Accessible Design
- 2010 Guidelines for Design and Construction of Health Care Facilities

Respectfully,

Ken Ross

KR/pr



December 6, 2017

Hardeman County Real Estate Investors, LLC
2020 Northpark, Suite 2D
Johnson City, TN 37604

Dear Mr. Lewis,

We have had favorable preliminary discussions with Hardeman County Real Estate Investors, LLC regarding the planned construction of a 67-bed Skilled Nursing Facility in Bolivar, TN. Based on those discussions a proposed loan amount of \$9,702,272 is being considered, with an interest rate of 5.50%, subject to the issuance of a Replacement Facility Certificate of Need and the standard restrictions and conditions of a Commitment Letter.

Sincerely,

A handwritten signature in cursive script that reads "Scarlett M. Dale".

Scarlett M. Dale, SVP
Carter County Bank A
Division of Bank of Tennessee



December 6, 2017

Christian Care Center of Bolivar, LLC
2020 Northpark, Suite 2D
Johnson City, TN 37604

Dear Mr. Lewis,

We have had favorable preliminary discussions with Christian Care Center of Bolivar, LLC regarding a one (1) year renewable Operating Line of Credit for the operation of a 67-bed Skilled Nursing Facility in Bolivar, TN. Based on those discussions a proposed loan amount of \$1,000,000 is being considered, with an interest rate of Wall Street Journal Prime, subject to the issuance of a Replacement Facility Certificate of Need and the standard restrictions and conditions of a Commitment Letter.

Sincerely,

A handwritten signature in cursive script, reading "Scarlett M. Dale".

Scarlett M. Dale, SVP
Carter County Bank A
Division of Bank of Tennessee

Board for Licensing Health Care Facilities



State of Tennessee

License No. 0000000116

No. Beds 0067

DEPARTMENT OF HEALTH

This is to certify, that a license is hereby granted by the State Department of Health to

CHRISTIAN CARE CENTER OF BOLIVAR, LLC to conduct

and maintain a Nursing Home CHRISTIAN CARE CENTER OF BOLIVAR

Located at 214 NORTH WATER STREET, BOLIVAR

County of HARDEMAN, Tennessee.

This license shall expire MARCH 12, 2018 *and is subject to the provisions of Chapter 11, Tennessee Code Annotated. This license shall not be assignable or transferable, and shall be subject to revocation at any time by the State Department of Health, for failure to comply with the laws of the State of Tennessee or the rules and regulations of the State Department of Health issued thereunder.*

In Witness Whereof, we have hereunto set our hand and seal of the State

this 16TH day of FEBRUARY, 2017.



By James J. Davis, MPH
DIRECTOR, DIVISION OF HEALTH CARE FACILITIES

By [Signature]
COMMISSIONER

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/30/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445352	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/23/2016
NAME OF PROVIDER OR SUPPLIER PLEASANT VIEW HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 214 NORTH WATER STREET BOLIVAR, TN 38008	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 278 SS=E	<p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to accurately assess residents for activities of daily living (ADLs), medication use, significant weight loss, and/or height for 6 of 15 (Residents #6, 29, 8, 25, 48, and 59) sampled residents of the 20 residents included in the stage</p>	F 278	<p>This Plan of Correction is submitted as required under State and Federal law. The submission of this plan of correction does not constitute any admission on the part of Pleasant View Health Care Center (Facility) as to the accuracy of the findings nor does it constitute any of the deficiencies cited as correctly applied. Any changes to Pleasant View Health Care Center's policies and procedures should be considered to subsequent remedial measures as that concept is employed in the Rule 407 of the Federal Rules of Evidence and any corresponding State rule of any proceeding on that basis. The facility submits this Plan of Correction with the intention that it be inadmissible by any employee, agent, director, officer, or shareholder of the facility.</p>	4-14-16
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/30/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445352	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/23/2016
NAME OF PROVIDER OR SUPPLIER PLEASANT VIEW HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 214 NORTH WATER STREET BOLIVAR, TN 38008	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 278 SS=E	<p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to accurately assess residents for activities of daily living (ADLs), medication use, significant weight loss, and/or height for 6 of 15 (Residents #6, 29, 8, 25, 48, and 59) sampled residents of the 20 residents included in the stage</p>	F 278	<p>The facility will accurately assess all residents' status for Activities of Daily Living (ADL's), medication use, significant weight loss, and/or height. All residents have the potential to be affected by this deficiency.</p> <p>The Minimum Data Set (MDS) nurse was in-serviced 3-25-16 by the Director of Nursing (DON) on accurately coding the MDS using the MDS Policy/Procedure, the drug handbook for coding drugs appropriately, and the RAI Manual. Corrections to residents' #6 & #29 coding of ADL's functional status were made by the MDS nurse with DON reviewing before submission to the state 4-1-16. MDS for resident #8 was corrected by the MDS nurse to indicate antidepressant use. The DON reviewed MDS before submission to state 4-1-16. The MDS for resident #25 was corrected by the MDS nurse to indicate diuretic use for resident was 7 days and antibiotic use for 5 days. The DON reviewed MDS before submission to state 4-1-16. The MDS for resident #59 was corrected by the MDS nurse to document the height for the resident. The DON reviewed MDS before submission to state 4-1-16. The Care Plan team consisting of the MDS nurse, DON, Social Services Director, Activities Coordinator, Wound Care Nurse, Dietary Manager, Therapy Manager,</p>	4-14-16
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 278	<p>Continued From page 1 2 review.</p> <p>The findings included:</p> <p>1. Medical record review revealed Resident #6 was admitted to the facility on 10/5/02 with diagnoses of Cerebrovascular Disease, Hypothyroidism, Obesity, Reflux with Esophagitis, Difficulty Walking, Type II Diabetes, Muscle Weakness, Generalized Anxiety Disorder, Major Depressive Disorder, Psychosis Not Due To A Substance Or Known Physiological Condition, Delusional Disorder and Disorder of Circulatory System.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated 11/3/15 documented Resident #6 was totally dependent on staff for locomotion every time and required supervision for eating. The quarterly MDS dated 2/2/16 documented Resident #6 required extensive assistance for locomotion and eating.</p> <p>Review of the nurses notes and monthly summaries dated 9/1/15 through 3/22/16 revealed Resident #6 required some assistance of 1 to 2 or extensive assistance with all ADLs.</p> <p>Interview with the MDS Coordinator on 3/22/16 beginning at 1:01 PM, in the MDS Office, the MDS Coordinator was asked if there was a change in Resident #6's functional status from the 11/3/15 quarterly MDS assessment and the 2/2/16 quarterly assessment. The MDS Coordinator reviewed the supporting Certified Nursing Assistant (CNA) documentation and stated, "No, the November assessment is incorrect for Locomotion On Unit and incorrect for Eating Self Performance for February, it's a</p>	F 278	<p>Restorative CNA, Family Member (when available), Resident, and primary caregiver (CNA/LPN) will review the residents' MDS for accuracy during Care Plan meeting. Findings will be reported quarterly to the Quality Assurance (QA) Committee on an ongoing basis. The QA Committee members consist of Administrator, DON, Assistant Director of Nursing (ADON), Social Services Director (SSD), Activities Director (AD), Business Office Manager (BOM), Maintenance Director, Dietary Manager, Housekeeping/Laundry Manager, Restorative CNA, Medical Director, and any staff member who wishes to attend.</p>		

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F 278	<p>Continued From page 2 transcribing error. They are incorrect."</p> <p>2. Medical record review revealed Resident #29 was admitted to the facility on 11/3/13 with diagnoses of Paranoid Schizophrenia, Dementia with Behavioral Disturbance, Convulsions, Reflux Disease, Chronic Obstructive Pulmonary Disease, Kyphosis, Abnormal Gait and Mobility, Constipation, History of Falling, Osteoarthritis, Urinary Incontinence, Bowel Incontinence, Alzheimer's Disease, Peripheral Vascular Disease and Polyosteoarthritis.</p> <p>Review of the annual MDS dated 3/2/16 documented Resident #29 required limited assistance with eating. The quarterly MDS assessment dated 12/2/16 documented Resident #29 was independent with eating.</p> <p>Review of the nurses notes and the monthly summaries dated 11/10/15 through 3/3/16 revealed that Resident #29 feeds himself.</p> <p>Interview with the MDS Coordinator on 3/22/16 beginning at 1:01 PM, in the MDS Office, the MDS Coordinator was asked if there was a change in Resident #29's functional status from the 12/2/15 Quarterly MDS assessment and the 3/2/16 Annual MDS assessment. The MDS Coordinator reviewed the supporting Certified Nursing Assistant (CNA) documentation and stated, "No, the March assessment is incorrect for Eating Self Performance, it's a transcribing error. It is incorrect."</p> <p>3. Medical record review revealed Resident #8 was admitted to the facility on 2/8/06 with diagnoses of Hypertension, Atherosclerotic Heart Disease, Hyperlipidemia, Anemia, Chronic Viral</p>	F 278			

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F 278	<p>Continued From page 3</p> <p>Hepatitis B, Paranoid Schizophrenia, Alzheimer's Disease, Dementia, Major Depressive Disorder, Hypothyroidism, Constipation, Disease of the Esophagus, Pervasive Developmental Disorder, Heart Failure, Alcohol Dependence, Cardiac Failure, Profound Dementia, Chronic Alcoholism, Coronary Artery Stenosis, and Developmental Delay.</p> <p>Review of the quarterly MDS dated 2/8/16 revealed Resident #8 had active diagnoses of Schizophrenia, Dementia, and Major Depressive Disorder, and had received antipsychotics and diuretics for 7 of 7 days reviewed.</p> <p>Review of the physician's orders for the month of February, 2016 revealed the antipsychotic drugs Haldol, injection 2.5 milliliters (ml) intramuscularly (IM) every 2 weeks and Seroquel 400 milligrams (mg) twice daily, the diuretic Furosemide 40 mg daily, and the antidepressant Mirtazapine 15mg every evening.</p> <p>Review of the Medication Administration Record (MAR) for the month of February, 2016 revealed Resident #8 received the antipsychotics, diuretic, and antidepressant as ordered.</p> <p>The quarterly MDS dated 2/8/16 was not coded for antidepressant use.</p> <p>Interview with the MDS Coordinator on 3/21/16 at 4:55 PM, outside her office, the MDS Coordinator was asked if she coded medications on the MDS according the drug classification, or the reason it was prescribed. The MDS Coordinator stated, "By the class. I thought that [Mirtazapine] was an antipsychotic instead of antidepressant."</p>	F 278			

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F 278	<p>Continued From page 4</p> <p>4. Medical record review revealed Resident #25 was admitted to the facility on 9/11/13 and readmitted on 10/9/15 with diagnoses of Hypertension, Malignant Neoplasm of Upper Lobe, Chronic Respiratory Failure, with Hypoxia or Hypercapnia, Dementia with Behavioral Disturbances, Vitamin D Deficiency, Major Depressive Disorder, Anxiety Disorder, Urinary Incontinence, and Incontinence of Feces,</p> <p>The 5 day MDS dated 10/16/15 documented, "...Medications Received... number of DAYS... Diuretic 0..."</p> <p>The MAR documented, "...FUROSEMIDE TAB [tablet] 20 MG... GIVE 1 TABLET BY MOUTH TWICE DAILY..." and was documented as being administered on 10/10/15, 10/11/15, 10/12/15, 10/13/15, 10/14/15, 10/15/15, and 10/16/15. Resident #25 received diuretics on 7 days.</p> <p>Interview with the MDS Coordinator on 3/22/16 at 2:10 PM, in the MDS office, the MDS Coordinator was asked to verify the number of days the diuretic was given. The MDS Coordinator confirmed Resident #25 received a diuretic for 7 days.</p> <p>The quarterly MDS dated 12/18/15 documented, "...Medications Received... number of DAYS... Antibiotic 6..."</p> <p>The MAR documented, "...SMZ/TMP DS [Sulfamethoxazole and Trimethoprim] mg... 1 tab [tablet] po [by mouth] q [every] day..." and was documented as being administered on 12/12/15, 12/15/15, 12/16/15, 12/17/15, and 12/18/15 at 08:30 AM. Resident #25 only received antibiotics on 5 days.</p>	F 278			

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F 278	<p>Continued From page 5</p> <p>Interview with the MDS Coordinator on 3/22/16 at 2:10 PM, in the MDS office, the MDS Coordinator was asked to verify the number of days the antibiotic was given. The MDS Coordinator stated, "Received antibiotic for 5 days." The MDS Coordinator was asked if the antibiotic should have been coded 5 days. The MDS Coordinator stated, "Yes ma'am."</p> <p>5. Medical record review revealed Resident #48 was admitted to the facility on 10/13/15 with diagnoses of Unstageable Pressure Ulcers to the Right Hip, Left heel, Right Buttock, and Sacrum, Congestive Heart Failure, Heart Disease, Muscle Weakness, Bowel and Bladder Incontinence, Hyperglycemia, Acute Kidney Injury, Sepsis, Encephalopathy, Hyperlipidemia, Acute Renal Failure due to Sepsis, Hypothyroidism, Diabetes Type II, Hypertension, Diabetic Neuropathy, Hypokalemia, Hypomagnesemia, Urinary Retention, and Tobacco Abuse.</p> <p>Review of the admission MDS with dated 10/23/15 revealed Resident #48 had an admission weight of 137 pounds.</p> <p>Review of the significant change MDS dated 12/11/15 revealed Resident #48 had a weight of 115 pounds, and had no significant weight loss or gain.</p> <p>A Registered Dietician's note dated 10/20/15 documented, "...New admit summary... Admission weight was 137# [pounds] but he dropped to 131# this week... significant 4% [percent] loss in less than 1 week..."</p> <p>A nurse's note dated 10/27/15 documented,</p>	F 278			

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F 278	<p>Continued From page 6</p> <p>"...has been added to NEP [nutritional enhancement program] due to weight loss... requires much encouragement to eat food prepared from the kitchen..."</p> <p>Medical record review revealed the following weights for Resident #48: 10/14/15 - 137 pounds, 10/19/15 - 131 pounds, 10/26/15 - 128 pounds, 11/16/15 - 125 pounds and 11/23/15 - 115 pounds.</p> <p>Resident #48 lost a total of 22 pounds in 40 days, resulting in a significant weight loss of 16.1%. There was no documentation of significant weight loss on the significant change MDS dated 12/11/15.</p> <p>Interview with the MDS Coordinator on 3/22/16 at 2:00 PM, in her office, the MDS Coordinator was asked if she would expect to code significant weight loss if it had occurred. The MDS Coordinator stated, "Umhum." The MDS Coordinator confirmed the significant change MDS was inaccurate for significant weight loss by stating, "Yes, it is inaccurate."</p> <p>7. Medical record review revealed Resident #59 was admitted to the facility on 10/12/15 and readmitted on 1/2/16 with diagnoses of Personal Injury of Traumatic Brain Injury, Peptic Ulcer, Insomnia, Hypertension, Gastrostomy Status, Urinary Incontinence, Incontinence of Feces, Major Depressive Disorder, Weakness, Fibrous Dysplasia, and Hemiplegia, affecting Left Dominant Side.</p> <p>The admission MDS dated 10/20/15 did not document a height.</p>	F 278			

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F 278	Continued From page 7 Interview with the MDS Coordinator on 3/22/16 at 2:10 PM, in the MDS office, the MDS was asked about the height on the admission MDS. The MDS coordinator stated, "It should be 72 inches." The MDS Coordinator was asked if the MDS was coded incorrectly. The MDS Coordinator stated, "Yes, the MDS coded height as 0."	F 278			
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on policy review, medical record review, and interview, the facility failed to revise the care plan for weight loss for 1 of 15 (Resident #48) sampled residents of the 20 residents included in	F 280	The facility will ensure that care plans are periodically reviewed and revised by a team of qualified persons after each assessment. All residents have the potential to be affected by this deficiency. The Care Plan team consisting of the DON, MDS nurse, SSD, Activities Coordinator, Wound Care Nurse, Dietary Manager, Therapy Manager, Restorative CNA, Family Member (when available), Resident, and primary caregiver (CNA/LPN) were in-serviced on Care Plan-Comprehensive policy 3-24-16 by the Administrator including care plans are revised as changes in the residents condition dictate. Resident #48 expired 12-19-15. The Care Plan was not updated. The MDS nurse will update care plans on an ongoing basis as resident's condition warrants and will be reviewed during scheduled care plan meeting with additional revisions added or resolved as needed by the care plan team. The DON or designee will monitor care plans on an ongoing basis for completeness/accuracy. Findings will be reported to the QA committee on an ongoing basis.	4-14-16	

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F 280	<p>Continued From page 8 the stage 2 review.</p> <p>The findings included:</p> <p>The facility's "Care Plan - Comprehensive" policy documented, "...5. Care plans are revised as changes in the resident's condition dictate..."</p> <p>Medical record review revealed Resident #48 was admitted to the facility on 10/13/15 with diagnoses of Hypertension, Unstageable Pressure Ulcers to the Right Hip, Left heel, Right Buttock, and Sacrum, Congestive Heart Failure, Heart Disease, Muscle Weakness, Bowel and Bladder Incontinence, Hyperglycemia, Acute Kidney Injury, Sepsis, Encephalopathy, Hyperlipidemia, Hypothyroidism, Diabetes Type II, Acute Renal Failure due to Sepsis, Diabetic Neuropathy, Hypokalemia, Hypomagnesemia, Urinary Retention, and Tobacco Abuse.</p> <p>Review of the admission Minimum Data Set dated 10/23/15 revealed an admission weight of 137 pounds. Review of the significant change MDS dated 12/11/15 revealed a weight of 115 pounds.</p> <p>Review of physician's orders revealed the following orders to address weight loss:</p> <p>a. 10/13/15 American Diabetic Association (ADA) Diet, Critical Care 30 cubic centimeters (cc) every (q) day (d), discontinue (dc) Critical Care 30 cc due to patient's refusal.</p> <p>b. 10/14/15 diet clarification, regular no added salt (NAS), controlled carbohydrate diet (CCD).</p> <p>c. 10/20/15 Magic cup vanilla with all meals, E- tonic 15 cc twice a day (BID), Ready Care 2.0 90 milliliters (ml) bid with med passes, therapy screen for need to incorporate adaptive</p>	F 280	<p>The QA committee members consist of Administrator, DON, SSD, BOM, AD, ADON, Therapy Manager, Maintenance Director, Dietary Manager, Housekeeping/Laundry Manager, Restorative CNA, Medical Director, and any staff member who wishes to attend.</p>		

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F 280	<p>Continued From page 9</p> <p>equipment to cut down on spillage during meals, continue weekly weights.</p> <p>d. 10/21/15 DC E-tonic 15 cc BID and ready care 2.0 90 cc bid related to (r/t) neighbor refusal.</p> <p>e. 10/27/15 Megace 40 milligrams (mg) every day (qd) r/t weight loss/lack of appetite.</p> <p>f. 11/12/15 Mirtazapine 15 mg every (q) hour of sleep (hs), Ready Care 2.0 three times a day (TID).</p> <p>f. 11/18/15 30 mls critical care bid for weight loss, give with beverage of choice for better acceptance.</p> <p>g. 11/21/15 DC critical care 30 cc po bid patient refusal.</p> <p>h. 12/15/15 Add diagnosis of Adult Failure to Thrive.</p> <p>Medical record review revealed the following weights for Resident #48: 10/14/15 - 137 pounds, 10/19/15 - 131 pounds, 10/26/15 - 128 pounds, 11/16/15 - 125 pounds and 11/23/15 - 115 pounds.</p> <p>Resident #48 lost a total of 22 pounds in 40 days resulting in a significant weight loss of 16.1 percent (%).</p> <p>Review of the care plan for weight loss dated 10/20/16 revealed the only intervention was "Magic Cup Vanilla With All Meals". The care plan had not been revised to reflect Resident #48's continued weight loss or the interventions put in place to address it.</p> <p>Interview with the Assistant Director of Nursing (ADON) on 3/22/16 at 2:45 PM, in the conference room, the ADON was asked if she would expect to see the care plan updated with new interventions implemented for weight loss. The</p>	F 280			

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F 280	Continued From page 10 ADON stated, "I would, yes, ma'am." The ADON was asked if the care plan had been updated to reflect all the interventions that were put in place for weight loss for the Resident #48. The ADON stated, "No."	F 280			
F 332 SS=D	483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater. This REQUIREMENT is not met as evidenced by: Based on policy review, medical record review, review of the "Narcotic Tracking / Destruction Log - Reorder Reminder Sheet", observation, and interview, the facility failed to ensure 1 of 4 (Licensed Practical Nurse (LPN) #1) nurses administered medications with a medication error rate of less than 5 percent (%). A total of 2 errors were made out of 26 opportunities for errors which resulted in a medication error rate of 7.7%. The findings included: The facility's "Administering Medications through an Enteral Tube" policy documented, "...5. Select the drug from the unit dose drawer or stock supply...6. Check the label... confirm the medication name and dose with the MAR [Medication Administration Record]..." Medical record review revealed Resident #33 was admitted to the facility on 9/17/15 with diagnoses of Dementia with Behavioral Disturbance, Psychosis, Obesity, Alzheimer's Disease, Anxiety,	F 332	The facility will ensure that it is free of medication error rates of five percent or greater. All residents have the potential to be affected by this deficiency. Licensed nurses were in-serviced 3-23-16 by the DON on the Administering Medications through an Enteral Tube Policy to include right dose, right time, right resident, right route, right medication. 1 on 1 education was given to Nurse #1 by the Administrator 4-6-16 reviewing the Enteral Tube Policy and giving the right medication, right dose, right time, right route and right resident. The pharmacy RN, DON, or designee will monitor medication passes q week x 4, then monthly on an ongoing basis to monitor for compliance. Findings will be reported quarterly to QA committee on an ongoing basis. The QA committee consist of Administrator, DON, ADON, SSD, AD, Maintenance Director, Housekeeping/Laundry Manager, MDS nurse, Restorative CNA, Therapy Manager, BOM, Medical Director, and any staff member who wishes to attend.	4-14-16	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445352	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2016
NAME OF PROVIDER OR SUPPLIER PLEASANT VIEW HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 214 NORTH WATER STREET BOLIVAR, TN 38008		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 332	<p>Continued From page 11</p> <p>Extrapyramidal and Movement Disorder, Insomnia, Pressure Ulcer of Sacral Region Stage 4, Reflux Disease, Gastrostomy Status and Urinary Incontinence.</p> <p>The "Physician Order" dated 1/4/16 documented, "HYDROCO/APAP [hydrocodone/ acetaminophen] GIVE 1 TABLET PER TUBE TWICE DAILY FOR PAIN FROM WOUND..."</p> <p>Observations in Resident #33's room on 3/21/16 at 6:12 PM, revealed, LPN #1 punched out one (1) Hydrocodone 5-325 mg into a medicine cup. LPN #1 punched out one (1) Phenergan 25 mg into the same medicine cup with the Hydrocodone. LPN #1 punched out another Hydrocodone 5-325 mg pill and placed it in a medicine cup by itself. LPN #1 was observed until she had gotten all her medications out and had 9 medication cups on top of the medication cart. Each medication cup had 1 medication except the 1 cup that had 1 Phenergan and 1 Hydrocodone together for a total of 10 medications. LPN #1 began to crush the medications individually when the surveyor asked her to stop and count how many medications she had. LPN #1 counted the medications on the MAR and stated "9" and then she counted the medication cups and stated "9".</p> <p>Review of the "Narcotic Tracking / Destruction Log - Reorder Reminder Sheet" revealed 2 Hydrocodone/APAP tablets 5-325 milligrams (mg) were wasted by LPN #1 on 3/21/16 at 6:30 PM. On 3/21/16 at 6:45 PM, (1) Hydrocodone/APAP TAB 5-325 MG was signed out as administered by LPN #1.</p> <p>Interview with LPN #1 on 3/21/16 at 6:21 PM, at</p>	F 332			

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F 332	<p>Continued From page 12</p> <p>the medication cart, the surveyor donned a glove then picked up a medication cup containing 1 white tablet scored on 1 side and on the other side had M365. The surveyor asked LPN #1 to verify what was on the tablet and LPN #1 verified "M365." The surveyor then picked up the cup containing the Phenergan and Hydrocodone together and asked her to verify what was on that 1 white tablet, LPN #1 verified "M365". LPN #1 confirmed "There are 2 Hydros. I will discard one." Then, LPN #1 picked up a different medicine cup and threw that [the Hydrocodone] pill in the trash. LPN #1 would have administered 2 Hydrocodone tablets to Resident #33 had the surveyor not intervened, resulting in medication error #1.</p> <p>The current "Physician Order" documented, "RANITIDINE TAB 75 MG GIVE 1 TABLET PER TUBE EVERY EVENING AT BEDTIME (HOUSESTOCK)."</p> <p>Observations in Resident #33's room on 3/21/16 at 6:00 PM and 6:37 PM, revealed LPN #1 administered 150 mg tablet of Ranitidine instead of 75 mg as ordered resulting in medication error #2.</p> <p>Interview with LPN #2 on 3/22/16 at 10:30 AM, in the medication room, LPN #2 was asked to retrieve the housestock bottle for Ranitidine. LPN #2 verified Ranitidine 150 mg tablets 50 tabs."</p> <p>Interview with the Director of Nursing (DON) on 3/22/16 at 4:48 PM, in the DON's office, was asked what her expectations were to ensure the correct medication and dose are given. The DON stated, "Compare MAR to drug you pulled."</p>	F 332			

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F 371 F 371 SS=F	<p>Continued From page 13</p> <p>483.35(l) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on policy review, observation, and interview, the facility failed to ensure food was stored, prepared, and served in a sanitary manner as evidenced by carbon build up on the stove and pans, expired food, open food items, kitchen door left opened, dirt deep fryer and 1 of 4 (Dietary Aide (DA) #1) dietary staff had exposed hair from hair restraint. The facility had a census of 50, with 48 of those residents receiving a meal tray from the kitchen.</p> <p>The findings included:</p> <p>1. Review of the facility's "...Food: Preparation..." policy documented, "ensure that all utensils, food contact equipment... are cleaned... after every use..."</p> <p>Observations in the kitchen on 3/20/16 beginning at 8:45 AM, revealed carbon build up on top of the stove, 5 steam table pans, and 1 stock pan.</p> <p>Interview with the Dietary Manager (DM) on</p>	F 371 F 371	<p>The facility will store, prepare, and serve food in a sanitary manner. All residents have the potential to be affected by this deficiency. The pots and pans that had carbon build up on them were removed from the department by the Account Manager 3-23-16. The stove that had carbon build-up on it was cleaned 3-23-16. The dietary staff was in-serviced on carbon build up on 3-21-16 and 3-22-16 by the Account Manager. In-service included cleaning stove after each use ensuring that any carbon on stove is removed, and notifying Account Manager or Dietary Manager when pots and pans with carbon build up on them are noted and any pots and/or pans with carbon build up on them will be removed immediately. Compliance will be monitored by the Dietary Manager, Account Manager, or Designee daily on an on going basis. Findings will be reported to the QA Committee quarterly on an ongoing basis. The QA Committee consist of Administrator, DON, ADON, SSD, AD, MDS nurse, DM, BOM, Maintenance Director, Laundry/Housekeeping Supervisor, Therapy Director, Restorative CNA, Medical Director and any staff member who wishes to attend. The gallon container of thousand island dressing that was in the cooler was removed from the dietary department by the Dietary Manager. Dietary staff were in-serviced 3-21-16 & 3-22-16 by the Account Manager on proper labeling and dating procedures, and checking expiration dates on all food products. Any expired food products are to be reported to the Dietary Manager and removed from Dietary department. Compliance will be monitored by Dietary Manager, Account</p>	4-14-16	

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F 371	<p>Continued From page 14</p> <p>3/20/16 at 8:45 AM the DM confirmed carbon build up on the stove and pans.</p> <p>Interview with the District Manager on 3/21/16 at 5:50 PM, in the kitchen, the District Manager was asked if it is acceptable to have carbon build up on the stove and pans. The District Manager stated, "No, ma'am."</p> <p>2. Observations in the reach in cooler on 3/20/16 beginning at 8:45 AM, revealed a gallon container of Thousand Island dressing stored past expiration date of 11/11/15.</p> <p>Interview with the DM on 3/20/16 beginning at 8:45 AM the DM confirmed the Thousand Island dressing was out of date.</p> <p>Interview with the District Manager on 3/21/16 beginning at 5:50 PM, in the kitchen, the District Manager was asked if it is acceptable to have expired food in the reach in cooler. The District Manager stated, No, ma'am."</p> <p>3. Observations in the freezer room on 3/20/16 beginning at 8:45 AM, revealed, 2 boxes of cookies opened and not securely wrapped in the freezers.</p> <p>Interview with the DM on 3/20/16 beginning at 8:45 AM the DM confirmed the cookies were open and not sealed.</p> <p>Interview with the District Manager on 3/21/16 beginning at 5:50 PM, in the kitchen, the District Manager was asked if it is acceptable to have open food items in the freezer that are not sealed. The District manager stated, "They should be wrapped securely."</p>	F 371	<p>Manager, or designee q day x7 for 4 weeks then 3 x week for 4 weeks then weekly inspections on an ongoing basis. Findings will be reported to the QA Committee quarterly on an ongoing basis. The QA Committee consist of Administrator, DON, ADON, MDS nurse, SSD, AD, BOM, Laundry/Housekeeping Manager, Maintenance Manager, Therapy Manager, Restorative CNA, Medical Director, and any staff member who wishes to attend. Dietary staff was in-serviced 3-21-16 and 3-22-16 by the Dietary Manager on wrapping all food products securely. The cookies were removed from freezer and rewrapped securely by the Dietary Manager 3-21-16. Compliance will be monitored by the Account Manager, Dietary Manager, or designee daily 7 x week x 4 weeks, then 3 x week x 4 weeks then weekly inspections ongoing. Findings will be reported to the QA Committee quarterly on an ongoing basis. The QA Committee consist of Administrator, DON, ADON, MDS nurse, SSD, AD, BOM, Laundry/Housekeeping Manager, Maintenance Manager, Therapy Manager, Restorative CNA, Medical Director, and any staff member who wishes to attend.</p> <p>The exterior door that was open was closed immediately. All staff members were in-serviced 3-21-16 & 3-22-16 on keeping exterior door closed at all times by the Account Manager. Compliance will be monitored by the Account Manager, Dietary Manager, or designee daily on an ongoing basis.</p>		

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F 371	Continued From page 15 4. Observations in the kitchen on 3/21/16 at 5:30 PM, revealed the back exterior entry door was open and the screen door was open. Interview with the District Manager on 3/21/16 beginning at 5:50 PM, in the kitchen, the District Manager was asked if it is acceptable for the door and the screen door in the kitchen to be left open. The District Manager stated, "No, ma'am." 5. Review of the facility's "...Staff Attire..." policy documented, "...all staff members have their hair... confined in a hair net..." Observations in the kitchen on 3/21/16 at 5:40 PM, revealed DA #1 wore a hair restraint, but her hair was not completely covered. Interview with the District Manager on 3/21/16 beginning at 5:50 PM, in the kitchen, the District Manager was asked if it is acceptable to have hair exposed when working in the kitchen. The District Manager stated, "No, ma'am." 6. Observations in the kitchen on 3/21/16 at 5:45 PM, revealed the grease was black and dirty with food crumbs around and on top of the grease in the deep fat fryer. Interview with the DM on 3/21/16 at 5:47 PM, in the kitchen, the DM was asked if the deep fat fryer was dirty. The DM stated, "Yes."	F 371	Findings will be reported to the QA Committee quarterly on an ongoing basis. The QA Committee consist of Administrator, DON, ADON, MDS nurse, SSD, AD, BOM, Laundry/Housekeeping Manager, Maintenance Manager, Therapy Manager, Restorative CNA, Medical Director, and any staff member who wishes to attend. Proper hair restraint was applied immediately on staff member who did not have all of their hair under her hair net. 1 on 1 education was given on the proper use of hair nets. All staff were in-serviced 3-21-16 & 3-22-16 on the responsibility for making sure there are no loose strands of hair hanging out of hair net at any time. Compliance will be monitored daily x 4 weeks, then 3 x week x 4 weeks, then weekly on an ongoing basis by the Account Manager, Dietary Manager or designee.		
F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a	F 441			

F 371 cont'd

Findings will be reported to the

QA Committee quarterly on

an ongoing basis. The QA

Committee consist of

Administrator, DON, ADON,

MDS nurse, SSD, AD, Therapy

Manager, Restorative CNA, Maintenance

Director, BOM, Dietary Manager, Housekeeping/

Laundry Manager, Medical Director, and any

staff member who wishes to attend.

The deep fryer was cleaned 3-21-16 by the

Dietary Manager. All Dietary staff was in-serviced

By Dietary Manager 4-6-16 & 4-7-16 on the weekly

and/or prn cleaning of deep fryer. Compliance

will be monitored by the Dietary Manager, Account

Manager, or designee q week on an ongoing basis

to ensure that cleaning has been done.

Findings will be reported to the

QA Committee quarterly on

an ongoing basis. The QA

Committee consist of

Administrator, DON, ADON,

MDS nurse, SSD, AD, Therapy

Manager, Restorative CNA, Maintenance

Director, BOM, Dietary Manager, Housekeeping/

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F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a	F 441	The facility will provide an infection control program that will provide a safe, sanitary and comfortable environment and help prevent the development and transmission of disease and infection.	4-14-16	

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F 441	<p>Continued From page 16</p> <p>safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs Isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on policy review, observation, and interview, the facility failed to ensure proper</p>	F 441	<p>All residents have the potential to be affected by this deficiency. Staff was in-serviced 3-23-16 by the DON on proper infection control practices to prevent the spread of infection to include the cleaning of stethoscopes before and after use. 1 on 1 education was given by the Administrator 4-6-16 to Nurse #1 and Nurse #3 on infection control practices and the proper cleaning of equipment before and after use.</p> <p>Compliance will be monitored q week x 4 then monthly during medication pass observation by Pharmacy RN, DON, or designee. Report will be made to the QA Committee quarterly on an ongoing basis. The QA committee consists of Administrator, DON, ADON, MDS nurse, SSD, AD, BOM, Therapy Manager, Maintenance Director, Dietary Manager, Restorative CNA, Medical Director, and any staff member who wishes to attend.</p>	4-14-16	

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F 441	<p>Continued From page 17</p> <p>infection control practices to prevent the spread of infection were maintained when 2 of 4 (Licensed Practical Nurse (LPN #1 and 3) nurses failed to clean the stethoscopes before or after use.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. The facility's "Cleaning and Disinfection of Resident-Care Items and Equipment" policy documented, "...d. Reusable items are cleaned and disinfected or sterilized between resident (...stethoscopes, durable medical equipment)..." 2. Observation in Resident #33's room on 3/21/16 at 6:12 PM, revealed LPN #1 took the stethoscope from the drawer of the medication cart and laid it on the top of the medication cart. LPN #1 then took the stethoscope into the room with her, laid the stethoscope on the over bed table without cleaning the table. LPN #1 picked up the stethoscope, put the ear piece in her ears, auscultated for placement of the gastrostomy tube with the stethoscope touching Resident #33's abdomen. LPN #1 then put the stethoscope around her neck and went back to the medication cart and laid it on top of the Medication Administration Record (MAR) and supplies on the medication cart. LPN #1 never cleaned the stethoscope before or after use. 3. Observations in Resident #17's room on 3/22/16 at 7:00 AM, revealed LPN #3 took the stethoscope from the medication cart, carried the stethoscope into the room and place the stethoscope on the over bed table. LPN #3 set up the medications and then picked up the stethoscope and put the earpieces into her ears: LPN #3 placed the stethoscope on Resident 	F 441			

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F 441	Continued From page 18 #17's abdomen and verified tube placement, then placed the stethoscope on the bed. LPN #3 used the stethoscope 2 more times and each time laid the stethoscope on the bed. When LPN #3 finished with the medication administration in Resident 17's room, LPN #3 took the stethoscope out and placed it on the top of the medication cart. LPN #3 never cleaned the stethoscope before or after use or before placing it back into the drawer of the medication cart. 4. Interview with the Director of Nursing (DON) on 3/22/16 at 4:48 PM, in the DON office, the DON was asked what are your expectations for cleaning the stethoscope during medication administration. The DON stated, "I would expect them to pick it up and clean it before using."	F 441			

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN3502	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/23/2016
NAME OF PROVIDER OR SUPPLIER PLEASANT VIEW HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 214 NORTH WATER STREET BOLIVAR, TN 38008		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETE DATE
N 765	<p>1200-8-6-.06(9)(i) Basic Services</p> <p>(9) Food and Dietetic Services.</p> <p>(i) Food shall be protected from dust, flies, rodents, unnecessary handling, droplet infection, overhead leakage and other sources of contamination whether in storage or while being prepared and served and/or transported through hallways.</p> <p>This Rule is not met as evidenced by: Type C Pending Penalty #22</p> <p>Tennessee Code Annotated 68-11-804(c)22 Food shall be protected from dust, flies, rodents, unnecessary handling, droplet infection, overhead leakage and other sources of contamination whether in storage or while being prepared and served and/or transported through hallways.</p> <p>Based on policy review, observation, and interview, the facility failed to ensure food was stored, prepared, and served in a sanitary manner as evidenced by carbon build up on the stove and pans, expired food, open food items, kitchen door left opened, dirt deep fryer and 1 of 4 (Dietary Aide (DA) #1) dietary staff had exposed hair from hair restraint. The facility had a census of 50, with 48 of those residents receiving a meal tray from the kitchen.</p> <p>The findings included:</p> <p>1. Review of the facility's "...Food: Preparation..." policy documented, "ensure that all utensils, food contact equipment... are cleaned... after every use..."</p> <p>Observations in the kitchen on 3/20/16 beginning at 8:45 AM, revealed carbon build up on top of</p>	N 765	<p>The facility will store, prepare, and serve food in a sanitary manner. All residents have the potential to be affected by this deficiency. The pots and pans that had carbon build up on them were removed from the department by the Account Manager 3-23-16. The stove that had carbon build-up on it was cleaned 3-23-16. The dietary staff was in-serviced on carbon build up on 3-21-16 and 3-22-16 by the Account Manager. In-service included cleaning stove after each use ensuring that any carbon on stove is removed, and notifying Account Manager or Dietary Manager when pots and pans with carbon build up on them are noted and any pots and/or pans with carbon build up on them will be removed immediately. Compliance will be monitored by the Dietary Manager, Account Manager, or Designee daily on an on going basis. Findings will be reported to the QA Committee quarterly x 2. The QA Committee consist of Administrator, DON, ADON, SSD, AD, MDS nurse, DM, BOM, Maintenance Director, Laundry/Housekeeping Supervisor, Therapy Director, Restorative CNA and any staff member who wishes to attend.</p> <p>The gallon container of thousand island dressing that was in the cooler was removed from the dietary department by the Dietary Manager. All staff were in-serviced 3-21-16 & 3-22-16 by the Account Manager on proper labeling and dating procedures, and checking expiration dates on all food products. Any expired food products are to be reported to the Dietary Manager and removed from Dietary department. Compliance will be monitored by Dietary Manager, Account</p>	4-14-16

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Division of Health Care Facilities

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N 765	<p>Continued From page 1</p> <p>the stove, 5 steam table pans, and 1 stock pan.</p> <p>Interview with the Dietary Manager (DM) on 3/20/16 at 8:45 AM the DM confirmed carbon build up on the stove and pans.</p> <p>Interview with the District Manager on 3/21/16 at 5:50 PM, in the kitchen, the District Manager was asked if it is acceptable to have carbon build up on the stove and pans. The District Manager stated, "No, ma'am."</p> <p>2. Observations in the reach in cooler on 3/20/16 beginning at 8:45 AM, revealed a gallon container of Thousand Island dressing stored past expiration date of 11/11/15.</p> <p>Interview with the DM on 3/20/16 beginning at 8:45 AM the DM confirmed the Thousand Island dressing was out of date.</p> <p>Interview with the District Manager on 3/21/16 beginning at 5:50 PM, in the kitchen, the District Manager was asked if it is acceptable to have expired food in the reach in cooler. The District Manager stated, No, ma'am."</p> <p>3. Observations in the freezer room on 3/20/16 beginning at 8:45 AM, revealed, 2 boxes of cookies opened and not securely wrapped in the freezers.</p> <p>Interview with the DM on 3/20/16 beginning at 8:45 AM the DM confirmed the cookies were open and not sealed.</p> <p>Interview with the District Manager on 3/21/16 beginning at 5:50 PM, in the kitchen, the District Manager was asked if it is acceptable to have open food items in the freezer that are not sealed.</p>	N 765	<p>Manager, or designee q day x7 for 4 weeks then 3 x week for 4 weeks then weekly inspections on an ongoing basis. Findings will be reported to the QA Committee quarterly on an ongoing basis. The QA Committee consist of Administrator, DON, ADON, MDS nurse, SSD, AD, BOM, Laundry/Housekeeping Manager, Maintenance Manager, Therapy Manager, Restorative CNA, Medical Director, and any staff member who wishes to attend.</p> <p>All staff were in-serviced by the Dietary Manager on wrapping all food products securely. The cookies were removed from freezer and rewrapped securely by the Dietary Manager 3-21-16. All staff members were in-serviced on securely wrapping food products on 3-21-16 and 3-22-16 by the Dietary Manager. Compliance will be monitored by the Account Manager, Dietary Manager, or designee daily 7 x week x 4 weeks, then 3 x week x 4 weeks then weekly inspections ongoing. Findings will be reported to the QA Committee quarterly on an ongoing basis. The QA Committee consist of Administrator, DON, ADON, MDS nurse, SSD, AD, BOM, Laundry/Housekeeping Manager, Maintenance Manager, Therapy Manager, Restorative CNA, Medical Director, and any staff member who wishes to attend</p>	

Division of Health Care Facilities

STATE FORM

6559

SKNW11

If continuation sheet 2 of 3

Division of Health Care Facilities

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N 765	<p>Continued From page 2</p> <p>The District manager stated, "They should be wrapped securely."</p> <p>4. Observations in the kitchen on 3/21/16 at 5:30 PM, revealed the back exterior entry door was open and the screen door was open.</p> <p>Interview with the District Manager on 3/21/16 beginning at 5:50 PM, in the kitchen, the District Manager was asked if it is acceptable for the door and the screen door in the kitchen to be left open. The District Manager stated, "No, ma'am."</p> <p>5. Review of the facility's "...Staff Attire..." policy documented, "...all staff members have their hair... confined in a hair net..."</p> <p>Observations in the kitchen on 3/21/16 at 5:40 PM, revealed DA #1 wore a hair restraint, but her hair was not completely covered.</p> <p>Interview with the District Manager on 3/21/16 beginning at 5:50 PM, in the kitchen, the District Manager was asked if it is acceptable to have hair exposed when working in the kitchen. The District Manager stated, "No, ma'am."</p> <p>6. Observations in the kitchen on 3/21/16 at 5:45 PM, revealed the grease was black and dirty with food crumbs around and on top of the grease in the deep fat fryer.</p> <p>Interview with the DM on 3/21/16 at 5:47 PM, in the kitchen, the DM was asked if the deep fat fryer was dirty. The DM stated, "Yes."</p>	N 765	<p>The exterior door that was open was closed immediately. All staff members were in-serviced 3-21-16 & 3-22-16 on keeping exterior door closed at all times by the Account Manager. Compliance will be monitored by the Account Manager, Dietary Manager, or designee daily on an ongoing basis. Findings will be reported to the QA Committee quarterly on an ongoing basis. The QA Committee consist of Administrator, DON, ADON, MDS nurse, SSD, AD, BOM, Laundry/Housekeeping Manager, Maintenance Manager, Therapy Manager, Restorative CNA, Medical Director, and any staff member who wishes to attend. Proper hair restraint was applied immediately on staff member who did not have all of their hair under her hair net. 1 on 1 education was given on the proper use of hair nets. All staff were in-serviced 3-21-16 & 3-22-16 on the responsibility for making sure there are no loose strands of hair hanging out of hair net at any time. Compliance will be monitored daily x 4 weeks, then 3 x week x 4 weeks, then weekly on an ongoing basis by the Account Manager, Dietary Manager or designee.</p>	

N 765 cont'd

Findings will be reported to the

QA Committee quarterly on

an ongoing basis. The QA

Committee consist of

Administrator, DON, ADON,

MDS nurse, SSD, AD, Therapy

Manager, Restorative CNA, Maintenance

Director, BOM, Dietary Manager, Housekeeping/

Laundry Manager, Medical Director, and any

staff member who wishes to attend.

The deep fryer was cleaned 3-21-16 by the

Dietary Manager. All Dietary staff was in-serviced

By Dietary Manager 4-6-16 & 4-7-16 on the weekly

and/or prn cleaning of deep fryer. Compliance

will be monitored by the Dietary Manager, Account

Manager, or designee q week on an ongoing basis

to ensure that cleaning has been done.

Findings will be reported to the

QA Committee quarterly on

an ongoing basis. The QA

Committee consist of

Administrator, DON, ADON,

MDS nurse, SSD, AD, Therapy

Manager, Restorative CNA, Maintenance

Director, BOM, Dietary Manager, Housekeeping/

Laundry Manager, Medical Director, and any

staff member who wishes to attend.

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K 018 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 13/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Clearance between bottom of door and floor covering is not exceeding 1 inch. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.2.3.2.1. Roller latches are prohibited by CMS regulations in all health care facilities. 19.3.6.3</p> <p>This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain doors in corridor openings.</p> <p>The findings included:</p> <p>Observation on 3/21/16 at 9:40 AM, revealed 5 of 6 resident room doors on hall #1 had penetrations around the hardware in the following rooms:</p> <ul style="list-style-type: none"> a. resident #12 b. resident #13 c. resident #14 d. resident #15 e. resident #16 	K 018	<p>The facility will maintain doors in corridor openings. All residents have the potential to be affected by this deficiency. The doors to resident room # 13,14,15, & 16 with penetrations around the hardware have been replaced with new doorknobs and hardware 4-7-16 by the Maintenance Director. There are no penetrations around the new hardware. The Maintenance Director will check all doors by 4-14-16 for penetrations and replace/repair as needed. Door hardware will be checked monthly for penetrations on an ongoing basis. Compliance will be monitored by Administrator or designee. Findings will be reported to the QA Committee quarterly on an ongoing basis. The QA Committee consist of Administrator, DON, ADON, MDS nurse, BOM, SSD, AD, Dietary Manager, Therapy Manager, Laundry/ Housekeeping Manager, Restorative CNA, Medical Director, and staff who wishes to attend.</p>	4-14-16	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 018	Continued From page 1 These findings were verified during the survey by the maintenance director and acknowledged by the administrator during the exit conference on 3/21/16.	K 018			
K 020 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5, 8.2.5.6, 19.3.1.1 This STANDARD is not met as evidenced by: Based on observations, the facility failed to protect stairways. The findings included: Observation on 3/21/16 at 9:20 AM, revealed a penetration around a sprinkler line in the stairway above the door on hall #3. National Fire Protection Association (NFPA) 101, 8.2.5.2 (2000 Ed.) This finding was verified during the survey by the maintenance director and acknowledged by the administrator during the exit conference on 3/21/16.	K 020	The facility will protect stairways from penetrations. All residents have the potential to be affected by this deficiency. The Maintenance Director repaired the penetration on hall #3 above the door around the sprinkler line in the stairway 4-6-16. The Maintenance Director and/or designee will check all sprinkler lines for penetrations on a monthly basis. Compliance will be monitored by Administrator, DON, or designee. Findings will be reported to the QA Committee quarterly on an ongoing basis. The QA Committee consists of the Administrator, DON, ADON, MDS Nurse, SSD, AD, BOM, AD, Maintenance Director, Dietary Manager, Laundry/House-keeping, Restorative CNA, Medical Director, and any staff member who wishes to attend.	4-14-16	
K 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers shall be constructed to provide at least a one half hour fire resistance rating and constructed in accordance with 8.3. Smoke barriers shall be permitted to terminate at an atrium wall. Windows shall be protected by fire-rated glazing or by wired glass panels and steel frames. 8.3, 19.3.7.3, 19.3.7.5	K 025	Smoke barriers will be constructed to provide at least a one half hour fire resistance rating and constructed in accordance with 8.3. All residents have the potential to be affected by this deficiency. The ceiling penetrations around the conduit above the 2 electrical panels in #4 hall electrical have been mudded and taped with fire caulk by the Maintenance department 3-31-16. The upstairs conference room seams in the dry wall ceiling have been	4-14-16	

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K 025	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the smoke barriers.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Observation on 2/21/16 at 11:20 AM, revealed ceiling penetrations around the conduits above the 2 electrical panels in the the #4 hall electrical room. National Fire Protection Association (NFPA) 101, 8.2.3.2.3.1 (2000 Ed.) 2. Observation on 3/21/16 at 11:50 AM, revealed the seams in the dry wall ceiling were not taped and finished with dry wall mud in the upstairs conference room. NFPA 101, 8.2.3.2.3.1 (2000 Ed.) 3. Observation on 3/21/16 at 12:15 PM, revealed penetrations in the basement ceiling with unapproved fire stop methods in the shop area and in the toilet room, the tape on the drywall seams was not secured, and the water line was not sealed. NFPA 101, 8.2.3.2.3.1 (2000 Ed.) 4. Observation on 3/21/16 at 12:40 PM, revealed the seams in the dry wall ceiling were not taped and finished with dry wall mud in the upstairs nursing supply room. NFPA 101, 8.2.3.2.3.1 (2000 Ed.) 5. Observation on 3/21/16 at 12:42 PM, revealed the seams in the dry wall ceiling were not taped and finished with dry wall mud in the upstairs storage room. NFPA 101, 8.2.3.2.3.1 (2000 Ed.) 6. Observation on 3/21/16 at 12:46 PM, revealed the upstairs linen closet had seams in the dry wall ceiling that were not taped and finished with 	K 025	<p>taped and finished with dry wall mud by the maintenance department 3-31-16. The Maintenance Director and/or designee will make monthly rounds checking for any penetrations in the facility. Compliance will be monitored by the Administrator, DON, or designee. Findings will be reported to the QA committee quarterly on an ongoing basis. The QA committee consists of Administrator, DON, ADON, MDS nurse, BOM, SSD, AD, Therapy Manager, Dietary Manager, Laundry/Housekeeping Manager, Maintenance Manager, Restorative CNA, Medical Director, and any staff who wishes to attend. The penetrations in the basement ceiling with unapproved fire stop methods in the shop area and in the toilet room, tape on drywall seams not secured, and the water line not sealed were repaired by Maintenance 3-27-16. The Maintenance Director and/or designee will monitor the facility monthly for penetrations in ceilings, walls, doors, and any other areas needed on an ongoing basis. Compliance will be monitored by the Administrator, DON, or designee. Findings will be reported to the QA committee quarterly on an ongoing basis. The QA committee consists of Administrator, DON, ADON, MDS nurse, BOM, SSD, AD, Therapy Manager, Dietary Manager, Laundry/Housekeeping Manager, Maintenance Manager, Restorative CNA, Medical Director, and any staff who wishes to attend. The upstairs nursing supply rooms' seams in dry wall ceiling were taped and finished with mud by the Maintenance Department 3-28-16. The Maintenance Director and/or designee will monitor the facility monthly for penetrations in</p>		

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K 025	Continued From page 3 dry wall mud, 2 unapproved fire stop methods used in the ceiling, and a penetration in the wall. NFPA 101, 8.2.3.2.3.1 (2000 Ed.) 7. Observation on 3/21/16 at 12:50 PM, revealed a penetration with an unapproved fire stop method located above the door inside the upstairs central supply room. NFPA 101, 8.2.3.2.3.1 (2000 Ed.) 8. Observation on 3/21/16 at 12:55 PM, revealed a penetration above the door on the inside of the upstairs break room. NFPA 101, 8.2.3.2.3.1 (2000 Ed.) 9. Observation on 3/21/16 at 1:00 PM, revealed a penetration in the ceiling and around the sprinkler line hanger. NFPA 101, 8.2.3.2.3.1 (2000 Ed.) These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on 3/21/16.	K 025	seams in drywall. Compliance will be monitored by the Administrator, DON, or designee on an ongoing basis. Findings will be reported to the QA Committee quarterly on an ongoing basis. The QA committee consists of Administrator, DON, ADON, MDS nurse, BOM, SSD, AD, Therapy Manager, Dietary Manager, Laundry/Housekeeping Manager, Maintenance Manager, Restorative CNA, Medical Director, and any staff who wishes to attend. The seams in the dry wall ceiling in the upstairs storage room have been taped and mudded by the Maintenance Department 3-28-16. The Maintenance Director and/or designee will monitor the walls and ceilings in the facility for tape and mud in seams in rooms monthly on an ongoing basis. The Administrator, DON, or designee will monitor monthly for compliance on an on going basis.		
K 046 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1 1/2 hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1. This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to provide emergency lighting in all areas. The findings included: Observation on 3/21/16, revealed the facility had outdoor egress lighting connected to photo cells, the maintenance director did not know if the exterior lighting was connected to the emergency generator. National Fire Protection Association	K 046	The facility will provide emergency lighting in all areas. The facility has outdoor egress lighting that is connected to the emergency generation. This was verified on 4-1-16 by owner of building.		

K025 cont'd

The seams in the dry wall ceiling
in the upstairs linen closet have
been taped and mudded by the
Maintenance Department 3-29-16.

The Maintenance Director and/or
Designee will monitor the ceilings
for tape and mud monthly on an
ongoing basis. Compliance will be
monitored by the Administrator,
DON, and/or designee. Findings
will be reported to the QA committee
quarterly on an ongoing basis.

The QA Committee consist of
Administrator, DON, ADON, MDS
Nurse, SSD, AD, Dietary Manager,
Laundry/Housekeeping Manager,
Maintenance Manager, Therapy Manager,
Restorative CNA, Medical Director, and
any staff who wishes to attend.

The penetration with an unapproved fire stop
method located above the door inside
the upstairs central supply room has
been repaired by the Maintenance
Department 3-28-16. The Maintenance

K025 cont'd page 2

Director or designee will monitor monthly for penetrations and unapproved fire Stops on an ongoing basis. Compliance will be monitored by the Administrator, DON, or designee monthly on an ongoing basis. Findings will be reported to the QA committee quarterly on an ongoing basis.

The QA Committee consist of Administrator, DON, ADON, MDS Nurse, SSD, AD, Dietary Manager, Laundry/Housekeeping Manager, Maintenance Manager, Therapy Manager, Restorative CNA, Medical Director, and any staff who wishes to attend.

The penetration above the door on the inside Of the upstairs break room was repaired by the Maintenance Department 3-28-16.

The Maintenance Director or designee will monitor monthly for penetrations in walls and ceilings in the facility on an ongoing basis.

Compliance will be monitored by the Administrator, DON, or designee monthly on an ongoing basis.

K025 cont'd page 3

Findings will be reported to the QA committee quarterly on an ongoing basis.

The QA Committee consist of

Administrator, DON, ADON, MDS

Nurse, SSD, AD, Dietary Manager,

Laundry/Housekeeping Manager,

Maintenance Manager, Therapy Manager,

Restorative CNA, Medical Director, and

any staff who wishes to attend.

The penetration in the ceiling and around the sprinkler line hanger have been repaired by the Maintenance Department 4-6-16. The Maintenance Director or designee will monitor monthly for penetrations in walls and ceilings in the facility on an ongoing basis.

Compliance

will be monitored by the Administrator, DON, or designee monthly on an ongoing basis.

Findings will be reported to the QA committee quarterly on an ongoing basis.

The QA Committee consist of

Administrator, DON, ADON, MDS

K025 cont'd page 4

Nurse, SSD, AD, Dietary Manager,
Laundry/Housekeeping Manager,
Maintenance Manager, Therapy Manager,
Restorative CNA, Medical Director, and
any staff who wishes to attend.

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NAME OF PROVIDER OR SUPPLIER PLEASANT VIEW HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 214 NORTH WATER STREET BOLIVAR, TN 38008		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETION DATE	
K 046	Continued From page 4 (NFPA) 101, 7.9.1.1 (2000 Ed.) This finding was verified and acknowledged by the maintenance director and the administrator during the exit conference on 3/21/16.	K 046			
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM a coded announcement may be used instead of audible alarms. 18.7.1.2, 19.7.1.2 This STANDARD is not met as evidenced by: Based on records review, the facility failed to conduct quarterly fire drills. The findings included: During the record review on 3/21/16 at 12:00 PM, the facility could not provide documentation of a fire drill conducted for the 2nd shift of the 3rd quarter in 2015. National Fire Protection Association (NFPA) 101, 19.7.1.2 (2000 Ed.) This finding was verified and acknowledged by the maintenance director and the administrator during the exit conference on 3/21/16.	K 050	The facility will conduct quarterly fire drills on each shift. The Maintenance Director will provide a quarterly fire drill schedule to the Administrator at the beginning of the quarter on an ongoing basis. The fire drill schedule will include 1 fire drill every month rotating the 3 shifts to ensure that there is a fire drill on each shift. The fire drill schedule will be kept confidential. The Administrator, DON, or Designee will monitor for compliance monthly on an ongoing basis. Findings will be reported to the QA Committee quarterly on an ongoing basis. The QA Committee consist of Administrator, DON, ADON, MDS nurse, SSD, AD, BOM, Laundry/Housekeeping Supervisor, Maintenance Supervisor, Therapy Manager, Restorative CNA, Dietary Manager, Medical Director and any staff member who wishes to attend.		
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD	K 062	The facility maintains an automatic sprinkler system in a reliable operating condition and sprinklers are inspected and tested periodically. All residents	4-22-16	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/24/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445352	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/21/2016
NAME OF PROVIDER OR SUPPLIER PLEASANT VIEW HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 214 NORTH WATER STREET BOLIVAR, TN 38008		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 062	<p>Continued From page 5</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain sprinklers.</p> <p>The findings included:</p> <p>Observation on 3/21/16 at 9:35 AM revealed 54 of 62 corroded and painted sprinklers in the following areas. National Fire Protection Association (NFPA) 25, 2-2.1.1 (1998 Ed.)</p> <ol style="list-style-type: none"> 1 of 1 corroded sprinkler under the outside canopy by resident room # 11. 2 of 2 corroded sprinklers under the outside canopy by resident room #21. 1 of 1 painted sprinkler inside the director of nursing office. 5 of 5 corroded sprinklers in resident room #25. 1 of 1 corroded sprinkler outside the nurses station by resident room #25. 1 of 1 corroded sprinkler in resident room #32. 1 of 1 corroded sprinkler in resident room #33. 1 of 1 corroded sprinklers in the #3 hall women's restroom. 	K 062	<p>have the potential to be affected by this deficiency. The sprinkler heads in rooms #11, 21, nursing office, #25, outside nurses station by room #25, #32, #33, #3 hall women's restroom, hall #3 soiled utility room, women's restroom by nurses station, men's restroom by nurses station room #39, kitchen, center hall between 3 & 4, enteral supply closet, activity directors' office, emergency shower room, dining room closet, room #49, hall outside room #49, women's restroom #402, men's restroom #403, room #42, room #43, room #45, room #46, #4 hall shower room, hall #5 entrance foyer, room #55, room #56, room #58, upstairs conference room closet, upstairs copy room, upstairs medical records office, upstairs break room and all sprinklers both inside the facility and on the covered porches have been inspected by the Maintenance Director and a fire protection service company on 3-29-16. All sprinkler heads that were not maintained in a reliable, operating condition are to be replaced as soon as possible. The sprinkler heads have been ordered by the fire protection company 3-29-16 and are being shipped 4-12-16. The sprinkler heads will be installed, as soon as possible, after being received by the fire protection company. The maintenance director and/or fire protection company will inspect all sprinkler heads quarterly on an ongoing basis to ensure that they are being maintained in a reliable operating condition. Findings will be reported to the QA Committee quarterly on an ongoing basis. The QA Committee consist of Administrator, DON, ADON, MDS nurse, AD, SSD, Therapy Manager, Maintenance Director,</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445352	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/21/2016
NAME OF PROVIDER OR SUPPLIER PLEASANT VIEW HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 214 NORTH WATER STREET BOLIVAR, TN 38008		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 062	<p>Continued From page 6</p> <p>9. 1 of 1 painted sprinkler in the #3 hall soiled utility room.</p> <p>10. 1 of 1 corroded sprinkler in the women's restroom by the nurses station.</p> <p>11. 1 of 1 painted sprinkler in the men's restroom by the nurses station.</p> <p>12. 6 of 6 corroded sprinklers in resident room #39.</p> <p>13. 6 of 6 corroded sprinklers in the kitchen.</p> <p>14. 1 of 1 corroded sprinkler in the center hall between 3 and 4.</p> <p>15. 1 of 1 corroded sprinkler in the enteral supply closet.</p> <p>16. 1 of 1 painted sprinkler outside the activity directors' office.</p> <p>17. 1 of 1 corroded sprinkler in the emergency shower room.</p> <p>18. 1 of 1 corroded sprinkler in the dining room closet.</p> <p>19. 1 of 1 corroded sprinkler in resident room #49.</p> <p>20. 2 of 2 painted sprinklers in the hall outside resident room #49.</p> <p>21. 1 of 1 corroded sprinkler in the women's restroom #402.</p>	K 062	BOM, Restorative CNA, Laundry/Housekeeping Manager, Dietary Manager, Medical Director, and any staff member who wishes to attend.		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445352	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/21/2016
NAME OF PROVIDER OR SUPPLIER PLEASANT VIEW HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 214 NORTH WATER STREET BOLIVAR, TN 38008		
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K 062	Continued From page 7 22. 1 of 1 corroded sprinkler in the men's restroom #403. 23. 2 of 2 painted sprinklers in resident room #42. 24. 1 of 1 corroded sprinkler in resident room #43. 25. 1 of 1 corroded sprinkler in resident room #45. 26. 2 of 2 corroded sprinklers in resident room #46. 27. 1 of 1 corroded sprinkler in the #4 hall shower room. 28. 1 of 1 painted sprinkler in the entrance foyer of hall #5. 29. 1 of 3 corroded sprinklers in resident room #55. 30. 1 of 3 corroded sprinklers in resident room #56. 31. 1 of 3 corroded sprinklers in resident room #58. 32. 1 of 1 corroded sprinkler in the upstairs conference room closet. 33. 2 of 3 painted sprinklers in the upstairs copy room. 34. 1 of 2 painted sprinklers in the upstairs medical records office.	K 062			

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NAME OF PROVIDER OR SUPPLIER PLEASANT VIEW HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 214 NORTH WATER STREET BOLIVAR, TN 38008		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETION DATE	
K 062	Continued From page 8 35. 1 of 1 painted sprinkler in the upstairs break room. These findings were verified during the survey with the maintenance director and acknowledged by the administrator during the exit conference on 3/21/16.	K 062			
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers shall be installed, inspected, and maintained in all health care occupancies in accordance with 9.7.4.1, NFPA 10. 18.3.5.6, 19.3.5.6 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain 2 of 21 fire extinguishers. The findings included: 1. Observation on 3/21/16 at 11:00 AM, revealed the the fire extinguisher in the outdoor freezer room was obstructed by the freezer. 2. Observation on 3/21/16 at 11:20 AM, revealed the 6 year maintenance inspection had not been performed on the fire extinguisher in the outdoor mechanical room. These findings were verified during the survey by the maintenance director and acknowledged by the administrator during the exit conference on 3/21/16.	K 064	The facility maintains portable fire extinguishers 4-14-16 with installation, and inspection. All residents have the potential to be affected by this deficient practice. The Maintenance Director relocated the fire extinguisher that was being obstructed by the freezer, to an unobstructed wall in the freezer room 3-29-16. The Maintenance Director replaced the portable fire extinguisher in the outdoor mechanical room with a new fire extinguisher 3-28-16. All fire extinguisher will be monitored monthly on an ongoing basis for location and date of inspection by the Maintenance Director and/or designee. Findings will be reported to the QA Committee quarterly on an ongoing basis. The QA Committee consist of Administrator, DON, ADON, MDS nurse, BOM, AD, SSD, Dietary Manager, Therapy Manager, Restorative CNA, Laundry/Housekeeping Manager, Maintenance Director, Medical Director and any staff member who wishes to attend.		
K 067 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply	K 067			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER PLEASANT VIEW HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 214 NORTH WATER STREET BOLIVAR, TN 38008		
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K 064	Continued From page 9 room was obstructed by the freezer.	K 064			
K 067 SS=D	2. Observation on 3/21/16 at 11:20 AM, revealed the 6 year maintenance inspection had not been performed on the fire extinguisher in the outdoor mechanical room. These findings were verified during the survey by the maintenance director and acknowledged by the administrator during the exit conference on 3/21/16. NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: Based on records review, the facility failed to provide maintenance to fusible link dampers. The findings included: During the review of records on 3/21/16 at 12:00 PM, the facility could not provide documentation of a 4 year fusible link dampers inspection. National Fire Protection Association (NFPA) 90A, 3-4.7 Maintenance. This finding was acknowledged by the maintenance director and the administrator during the exit conference on 3/21/16.	K 067	The facility provides heating, ventilating, and air conditioning complying with the provisions of section 9.2 and are installed in accordance with manufacture's specifications. The facility does not have fusible link dampers. The duct work has smoke detectors that shut the a/c/heating units off when smoke is detected. The smoke detectors are inspected biannually with all other fire alarm/detector systems. The last inspection by an alarm & detection equipment company 1-13-16.		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2	K 147			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER PLEASANT VIEW HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 214 NORTH WATER STREET BOLIVAR, TN 38008		
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K 147	<p>Continued From page 10 (NFPA 99) 18.9.1, 19.9.1 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain electrical equipment in accordance with the National Fire Protection Association (NFPA) 70, National Electrical Code.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Observation on 3/21/16 at 11:40 AM, revealed an extension cord was connected to a power strip in the medical records office. National Fire Protection Association (NFPA) 70, 305-3. (1999) 2. Observation on 3/21/16 at 1:00 PM, revealed a power strip was connected to a power strip in the upstairs copy room. NFPA 70, 305-2. (B) (1999) <p>These findings were verified by the maintenance director during the survey and acknowledged by the administrator during the exit conference on 3/21/16.</p>	K 147	<p>The extension cord connected to a power strip in the medical records office was unplugged and removed from the room by the ADON 3-21-16. The power strip connect to a power strip in the copy room was removed by the Dietary Account Manager 3-22-16. Staff was inserviced 4-6-16 by the Administrator on the improper use of extension cords and power strips in the facility and the only acceptable use of power strips in the facility. The Maintenance Director and/or designee will inspect facility monthly for power strips and/or extension cords being used improperly and will remove immediately. Compliance will be monitored by the Administrator, DON, and/or Designee.</p> <p>Findings will be reported to the QA Committee quarterly on an ongoing basis. The QA Committee consists of Administrator, DON, ADON, MDS nurse, BOM, AD, SSD, Therapy Manager, Maintenance Director, Laundry/ Housekeeping Manager, Restorative CNA, Medical Director, and any staff who wishes to attend.</p>	4-14-16	

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FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN3502	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/21/2016
NAME OF PROVIDER OR SUPPLIER PLEASANT VIEW HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 214 NORTH WATER STREET BOLIVAR, TN 38008		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETE DATE
N 002	<p>1200-8-6 No Deficiencies</p> <p>This Rule is not met as evidenced by:</p> <p>Based on observations and record review on 3/21/16, this facility was found to be in compliance with the requirements of the Tennessee Department of Health, Board for Licensing Health Care Facilities, Chapter 1200-08-06, Standard for Nursing Homes.</p>	N 002		

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

191

it/them.

Terms of Sale will be public auction, for cash, free and clear of rights of homestead, redemption and dower to the extent disclaimed or inapplicable, and the rights of Crystal Blair, and those claiming through him/her.

This office may be a debt collec-

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Substitute Trustee
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400
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Fax: (704) 333-8156
www.auction.com
File No. 16-105875

The Industrial Development Board of the City of Bolivar will meet Tuesday, December 12, 2017 at 5:30 p.m. at the Bolivar Municipal Center, 211 N. Washington St. The purpose of this meeting is to elect officers, appoint an attorney and any other business brought before the board. All interested parties are invited and welcome to attend.

35030-3402-94.
CONTRACT NO.: CNQ355
COUNTY: Hardman
The Tennessee Department of Transportation is about to make final settlement with the contractor for construction of the above numbered project. All persons wishing to file claims pursuant to Section 54-5-122, T.C.A. must file same with the Director of Construction, Tennessee Department of Transportation, Suite 700 James K. Polk Bldg., Nashville, Tennessee 37243-0326, on or before 01/19/1984.

The Bolivar Beer Board will meet Monday, December 11, 2017, immediately following the City Council meeting at 6:00 p.m. at the Municipal Center, 211 N. Washington St. Bolivar, Tennessee. The purpose of this meeting is for consideration of various beer permit violations. All interested parties are welcome to attend.

The Hardeman County Board of Education work session scheduled for December 14th, 2017 has been canceled. The Board of Education will resume the regular session meetings on January 11, 2018.

The City of Whiteville is considering the submittal of an application to the Tennessee Department of Economic and Community Development, Community Development Block Grant (CDBG) program. The application is scheduled to be held January 6, 2018 at 6:30 PM in the Whiteville Community Center, 151 E. Main St. Whiteville, TN 38075. The purpose of the program is to disburse community's responsibility, the available funds, eligible projects and the program guidelines, the application process. The City's governing body is seeking comments from the public in order to determine priorities for the use of the funds to be requested. The Whiteville Community Center is accessible to persons with disabilities. Persons with special needs who wish to attend should contact Angelous Simmons, City Recorder, at 731-254-8523 to make special arrangements. The City of Whiteville does not discriminate on the basis of race, color, religion, national origin, sex, age, or disability status; and encourages minority participation in government issues.

Aubrey Phillips
Mayor

The following shall be published in the "Legal Notices" section of the newspaper in a space no smaller than two (2) columns by two (2) inches.

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that Christian Care Center of Bolivar, LLC, a Tennessee Limited Liability Company which will have a consulting agreement with Care Centers Management Consulting, Inc., intends to file an application for a Replacement of Need for the location of Pleasant View Health Care Center in the town of Bolivar, Tennessee, for a replacement facility. The facility is currently located at 214 North Main Street, Bolivar, Tennessee. The intersection of the proposed facility is located at the intersection of State Highway 64 at the intersection of Lucy Black Road or near the city limits of Bolivar, Tennessee in Hardeman County. Pleasant View Health Care Center is currently licensed as a certified nursing home by the Tennessee Board for Licensing Health Care Facilities, and the beds at this facility are currently being used for long-term care. Construction is being initiated, and no additional beds are sought. The total estimated project cost is \$9,750,000.00.

The anticipated date of filing the application is December 12, 2017.

The contact person for this project is Jerry W. Taylor, Attorney, who may be reached at: Burr & Forman, LLP, 511 Union Street, Suite 2300, Nashville, Tennessee 37219. 615-724-3247.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency
Andrew Jackson Building
502 Deaderick Street, 9th Floor
Nashville, Tennessee 37243

Pursuant to T.C.A. § 68-11-1609(c)(1): (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

PENNY ALAN NOBLE,
PLAINTIFF,
VS.
JUSTIN DAVID NOBLE,
DEFENDANT.

It appearing from the complaint in this case, which is sworn to, that JONAS DAVID SIDDLE, known generally as "Siddle", is residing at the publication by him of two (2) newspaper columns in the Dallas-Fort Worth area, was sent a published notice, in Houston County, Georgia, requiring the publication of said notice, with a copy of the Contract For Medical Practice of Dr. J. M. Mendenhall, Plaintiff, versus, JONAS DAVID SIDDLE, Defendant, in the Dallas-Fort Worth area, Texas, Texas.

Under F.R.B.A. 101 DAYS after the date of the receipt of this notice, on whether said notice is published, if you fail to do so, a judgment will be rendered against you for the cost of said notice in Georgia.

This is the 15th day of November, 2017


J. M. Mendenhall, Clerk of the Court
1015 West 4th Street, Dallas, TX 75201

Mendenhall v. Siddle
Jury Trial (in District)

PROBATE NO. P-2116

ESTATE OF ROSEMARY SUE TURNER late of Hardeman County, Tennessee

Notice to Heirs: I hereby give notice that on the 28th day of November, 2017, Letters of Administration, a.s.b., in respect of the Estate of Rosemary Sue Turner, deceased, who died August 20, 2017, were issued to the undersigned by the Chancery Court Clerk of Hardeman County, Tennessee. All persons, resident and non-resident, having claims, matured or unmatured, against the Estate are required by law to file the same with the Clerk of the above named Court on or before the 22nd of the dates prescribed in (1) or (2) of the above notice. Failure to file the same may result in the claimant's claim being forever barred.

- (9) (A) Four (4) months from the date of the first publication (or posting, as the case may be) of this notice if the creditor received an actual copy of this Notice to Creditors at least thirty (30) days before the date that is four (4) months from the date of the first publication (or posting); or
- (B) Thirty (30) days from the date the creditor received an actual copy of the Notice to Creditors, if the creditor received the copy of the Notice less than thirty (30) days prior to the date that is four (4) months from the date of the first publication (or posting), as described in (1) (A); or

All persons indebted to the above Estate must come forward and make proper settlement with

THIS NOTICE WILL RUN TWO CONSECUTIVE WEEKS

FILE CLAMS IN TRIPLICATE WITH:

JANICE M. BEDFORD, CLERK & MASTER
P.O. BOX 43
GOLVAH, TN 38008

William M. Turner
Associate, C.I.A.

Dutton and Carr
Attorney

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State of Tennessee
DEPARTMENT OF HEALTH
DIVISION OF HEALTH CARE FACILITIES
WEST TENNESSEE REGIONAL OFFICE
2975 C Highway 45 Bypass
Jackson, Tennessee 38305
Telephone: (731) 984-9684
Fax: (731) 512-0063

May 05, 2016

Ms. Jan Hays, Administrator
Pleasant View Health Care Center
214 N. Water Street
Bolivar, TN 38008

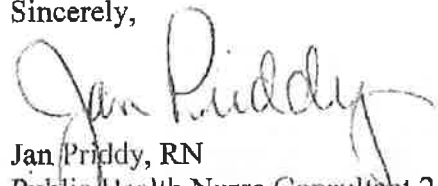
**RE: COMPLIANCE NOTICE
CCN 445352**

Dear Mrs. Hays:

The West Tennessee Regional Office of Health Care Facilities completed a recertification survey at your facility on 3/23/2016. Based on a review of the deficiencies cited on the survey and onsite life safety surveys conducted on 05/02/2016, we are accepting your plan of correction and assume your facility is in substantial compliance with all participation requirements as of 04/14/2016.

If you have any questions or comments, please feel free to contact this office.

Sincerely,


Jan Priddy, RN
Public Health Nurse Consultant 2

JP/rm



Supplemental #1 (COPY)

Christian Care Center of
Bolivar

CN1712-036

1. Section A, Applicant Profile, A.1, Page 1

The address of the proposed project is listed as the current location of Pleasant View Health Care. Please correct with the proposed location address and submit a replacement page 1 (R-1).

A Replacement Page 1 is attached following this response.

2. Section A, Executive Summary, Overview, A.1. Overview

Please describe the experience the applicant has in operating a skilled nursing home.

The applicant is a newly formed entity and has no direct experience in operating a SNF. However its sole member is J. R. "Randy" Lewis who has over 35 years of experience in owning and operating nursing homes through affiliated companies.

CCC of Bolivar will have a management consulting agreement with Care Centers Management Consulting, Inc. The sole shareholder of Care Centers Management, Inc. is Diversified Ventures, Inc. The sole shareholder of Diversified Ventures, Inc. is J. R. "Randy" Lewis.

Cares Centers Management Consulting, Inc. and its affiliates are experienced owners and operators of long term care facilities, owning and/or operating seven skilled nursing facilities in Tennessee, and one in Kentucky. Care Centers' affiliated SNFs average 2.2 annual survey deficiencies.

A company biography of Care Centers Management Consulting is attached following the response to Question 3, below.

It is noted Pleasant View was acquired by Christian Care Center of Boliver, LLC on September 1, 2017 with operations voluntarily suspended and the licensed placed in inactive status. Please indicate the number of patients that were residing in Pleasant View Nursing Home on September 1, 2017 and where the patients transitioned to?

The previous owner of Pleasant View consulted and collaborated with the Tennessee Department of Health in transitioning all patients so that as of September 1, 2017 there were no patients in facility.

Please provide a copy of the letter from the Department of Health thereby placing the license of Christian Care Center of Boliver into inactive status.

A copy is attached following this response.



October 18, 2017

Cynthia Milenski
President
Cornerstone Health Services Group, Inc.
113 State Avenue #103
Clayton, TN 27503

RE: Inactive Status - Pleasant View Health Care, Bolivar License #116

Dear Ms. Milenski:

The Board for Licensing Health Care Facilities met on October 4, 2017. The following request was granted:

TO ALLOW PLEASANT VIEW HEALTH CARE CENTER, BOLIVAR, LICENSE #116, TO BE GRANTED AN INACTIVE STATUS UNTIL THE OCTOBER 2018 BOARD FOR LICENSING HEALTH CARE FACILITIES MEETING.

Board action was taken in accordance with Section 68-11-206, Chapter 11, Tennessee Code Annotated, which gives the Board authority to place a license in an inactive status for a period determined by the Board upon finding that:

- the licensee has a need to temporarily suspend operations;
- the licensee intends to continue operations for a period of suspension.

Any facility that has not placed its license back in an active status before the expiration of the inactive timeframe will then notify the Board for Licensing Health Care Facilities in writing requesting an extension. The inactive status extension request will be presented at the next scheduled Board meeting.

Facilities that have been granted an inactive status and who are now wishing for their license to be placed back in an active status shall notify the Board for Licensing Health Care Facilities in writing that they are now meeting all requirements.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ann R. Reed".

Ann Rutherford Reed, RN, BSN, MBA
Director of Licensure
Division of Health Care Facilities

ARR/weh

cc: WTRO
Lonnie Matthews
Trent Sansing
Cheryl Hines
Dolores Willis
File

How did the applicant come to the conclusion the condition of the physical facility was poor and believed to be unsafe for SNF patients?

This conclusion was reached after representatives of Care Centers Management Consulting visited the facility and conducted a due diligence inspection. The physical plant was not originally designed to be a nursing facility. The combination of repurposed old structures and age contributed to the applicant's conclusion of an overall unsafe environment for frail SNF patients.

A very cursory summary of some areas of significant deficiencies was provided in the application. A more detailed summary follows:

Hallways / Corridors / Doorways- existing hallways/corridors are only 6 ft. wide in several wings of the facility, and as such do not meet current safety code. Hallways will not safely accommodate wheelchairs passing.

Nurses Station - The current structure has only one nurses station and it does not allow site of all resident rooms. In fact, the wings are completely out of site of the nurses' station which is a safety compliance issue.

Bathrooms - Private rooms do not currently have bathroom/restroom accommodations which is substandard to current code. The applicant perceives the lack of private restrooms to be a resident dignity concern.

Shower Units - There are only 3 shower units in the current facility, whereas current code requires a minimum of 5 shower units based on the number of licensed beds. The applicant perceives this shortfall of needed bathing facilities as capable of negatively impacting patient hygiene services provided by the SNF.

Room Sizes - Current room sizes of the facility are substandard to accommodate residents as code would require. The applicant perceives the current room sizes to create a potential entrapment issue as they do not have three (3) open sides to beds. Current private room size of 100 sq. ft. and semiprivate room size of 192 sq. ft. is very inadequate in space. The new construct proposes private room size as 230 sq. ft. and semiprivate as 314 sq. ft. and eliminates the entrapment concern.

Ambulance Access - Current ambulance access is very insufficient due to the proximity of the facility and the main roadway. The current facility is located on a busy main road with very little yard frontage and virtually nothing more than

front curb parking. The curb parking on occasion can obstruct and delay ambulance access.

HVAC, Electrical and Plumbing - Very outdated HVAC, electrical and plumbing. In parts of the original structure, none of these elements have been updated. The applicant perceives these outdated systems to potentially be fire and general health concerns.

Generator - The current facility's generator is very outdated, showing corrosion and leaks and is located inside the facility structure sitting below resident rooms. And as such is perceived to be hazardous.

Therapy - The current facility's designated therapy space is very inadequate, and consists of only about 100 sq. ft. This does not allow for the full array of therapy equipment needed to provide rehab services to residents.

Court Yard and Smoking Accommodations - The current structure does not have a secured court yard for residents to enjoy the outdoor areas. The only outdoor access is an existing unsecured covered patio for smoking residents. This patio is very inadequate and is believed to be hazardous to the patients.

As of September 1, 2017 was Christian Care Center of Bolivar under any deficiencies and corrective action for life safety measures?

No.

Please provide a description of the amenities provided by the proposed facility that promotes resident independence, organized activities, resident privacy, and a residential home-like environment, while at the same time maximizing safety. Also, please provide a brief description of the physical plant and the type of rehabilitation services available.

The proposed amenities listed below are designed to allow residents freedom of movement, outdoor enjoyment, independence, personal space and privacy, and spiritual wellbeing. Christian Care Center of Bolivar will feature spacious rooms with a home-like environment, accompanied by state of the art healthcare services to include occupational, speech and physical therapy services, respiratory program, specialized pharmacy services, nutritional, mental wellness, & wound care services. Christian Care Center of Bolivar contracts with many specialty services, bringing as many of those on site as possible, enhancing the convenience of those services for our residents. Such services may include dental, optometry, podiatry and mobile radiology services.

Proposed Amenities include:

2 Court Yards

Putting Green

2 Dayrooms with game tables, supervised crafting

Covered Patio

Courtyard Gazebo

39 Private Room Accommodations with private restrooms

28 Semiprivate Beds

Bariatric Patient Accommodations

State of the Art Therapy Room, Equipment & Services

Chapel with Services to Residents

Fireplaces in common areas

Spacious accommodations – increasing size from the current 20,000 sq.ft to the proposed at 41,200 sq. ft.;

Increased room sizes – current private rooms from 100 sq. ft. to the proposed 230 sq. ft.; semiprivate rooms from 192 sq. ft. to the proposed 314 sq. ft.

Designer decorated to create home-like atmosphere; encourage personal décor (that complies with safety standards) to enhance home-like atmosphere.

Situated on 6.804 acres allowing for outdoor activities on site

Courtyard Gardening – for those outdoors gardening lovers

Designated Areas for resident/family privacy

Technology friendly facility – offering facility wide internet; televisions in all resident rooms, dayrooms with a vast selection of channel sources.

Beauty/Barber Shop services

**Using Medicare Nursing Home Compare, please complete the following chart.
The data can be found at the following web-site:
<https://www.medicare.gov/nursinghomecompare/search.html>**

The requested information is shown below. Please keep in mind the applicant was not the owner or operator, and had no management involvement with Pleasant View when the evaluations resulting in these were conducted.

Nursing Home	Overall Star Rating	Star Rating Health of Inspections	Star Rating of Staffing	Star Rating of Quality Measures
Pleasant View Health Center	1	2	1	1
Pine Meadows Health and Rehabilitation Center	2	2	2	2

3. Section A, Project Details, Item 5. Management/Operating Entity

Please provide a brief overview of Care Centers Management Consulting, Inc. and their experience in managing nursing homes.

Cares Centers Management Consulting, Inc. and its affiliates are experienced owners and operators of long term care facilities, owning and/or operating seven skilled nursing facilities in Tennessee, and one in Kentucky. Care Centers' affiliated SNFs average 2.2 annual survey deficiencies.

A company biography of Care Centers Management Consulting is attached following this response.

THE MANAGEMENT COMPANY

Care Centers Management Consulting, Inc. was founded in 1988 by Mr. J.R. Lewis.

Care Centers, now beginning its thirtieth year of operation, is successfully managing / consulting seven skilled nursing facilities located in Tennessee and one in Kentucky. Consulting services include, but are not limited to clinical compliance and management, billing, accounting, plant operations, risk management and other miscellaneous administrative duties.

Care Centers Management Consulting is a full service long-term care company providing financial, accounting reimbursement consulting, staff development and quality assurance services to nursing facilities. Utilizing a highly-organized and controlled approach, we maintain a consistent high quality patient care while providing facility owners with a dependable and reasonable rate of return on their investments.

OUR MISSION STATEMENT

Care Centers Management Consulting, Inc. is "Committed to Caring" for our residents. We strive to economically provide superior quality management / consulting services while maintaining an atmosphere pleasant to the residents. We truly believe that even though our current technology has been critical in the advancement of the long-term care industry, people still make the difference. Our mission is to find that intricate balance between technology and humanity, to combine their strengths, and produce superior healthcare with a quality of life focus.

Care Centers Management Consulting expects each and every facility employee and consultant employee to demonstrate the philosophy - "Committed to Caring". This can best be accomplished by focusing on economically providing the highest possible quality of life for each individual resident. Quality of life for every cognizant human being includes but is not limited to the following elements:

- Maintenance of the resident's best possible physical condition with a minimal amount of discomfort and pain;
- Regular exercise and movement of the resident's body parts to maintain maximum daily living functional potential;
- Maximum personal control by involvement of the resident in self-care and the decision making regarding one's self;
- Demonstration of total respect by all staff for the resident in an atmosphere of kindness and cheerfulness with ample opportunities provided to the resident for relating with others in a respectful, serious, supportive, positive and

constructive way;

- As best we can in a congregate living environment provide maximum resident privacy and personal space with time for introspection as well as one-on-one and group social interactions;
- Provision of personal grooming and dress that not only provides for proper hygiene but also projects a resident's preferred personal look and style;
- Provision of activities and educational opportunities according to the resident's needs and the resident's personal interests, hobbies, etc.;
- Provision of nourishing food that meets the dietary needs of the resident and that, as best we possibly can within prescribed dietary guidelines, is also tasty and pleasing to the resident;
- Never stop trying to please and to satisfy the unique individual desires and needs of each and every resident.

No one person or one department can successfully meet all the needs of an individual resident. Teamwork is an absolute necessity if the facility is to provide a high quality of life. Every department and each employee is a vital and integral part of the total effort. Indeed each employee contributes greatly to the superior quality of life the residents can expect when managed by Care Centers Management Consulting.

ORGANIZATION STRUCTURE

The Care Centers Management Consulting staff are highly skilled individuals with numerous years experience tailored specifically to the long-term care industry.

Using the expertise of each individual within Care Centers Management Consulting, facility development is obtained using the following approach:

- **Visibility** - Maintaining complete operational visibility at all times. This ensures quick management / consulting response time and maintains control from the top down. All departments report independently and directly to the President.
- **Departmental Independence** - Ensures proper internal control and provides for integrity of information flow.
- **Service Safety Net** - Providing a safety net of services ensuring all facets of the nursing facility operation are effectively addressed thus preventing the "slipped through the crack" syndrome. As the industry requirements and needs of the individual facilities evolve, Care Centers Management Consulting makes appropriate strategically and organizational changes to

ensure the quality and compliance of the facility's services are maintained at a superior level.

- High Personnel Standards - Care Centers Management Consulting's standards are well disciplined and exceptionally high. We only employ appropriately educated individuals with required levels of experience required for the position. Our requirements ensure the facility and its residents consistently receive the higher caliber services they deserve.

4. Section A, Project Details, Item 6A. Legal Interest

Please provide a copy of the property deed held by The Albert L. Keller Trust.

The property that is the site of the proposed replacement facility was conveyed to the seller, The Albert L. Keller Trust, as part of a multi-tract conveyance. A copy of the deed is attached following this response. The relevant tract is denoted as the "Black Farm" on Deed Book page 76 of the attachment.

The lease dated as of April 2014 for a 120 bed nursing facility is noted. However, please clarify if the lease is a ground lease or a turnkey lease.

The lease will be a turnkey lease and will include the land and the building.

Please provide a current fully executed lease for a 67 bed nursing home as described in the application.

A copy of the fully executed lease is attached following this response.

What party is responsible for the construction of the proposed 67 bed nursing home and where is that documented?

The building will be constructed by Hardeman County Real Estate Investors, LLC. This is documented by the fact that one of the funding letters is directed to Hardeman County Real Estate Investors, LLC for construction funds, and by the fact the lease is from Hardeman County Real Estate Investors, LLC as landlord and Christian Care Center of Bolivar as Tenant.

5. Section B, Need, Item A (Specific Criteria –Construction, Renovation, Expansion, and Replacement) 2.a. Page 14

It is noted in the 2016 Joint Annual Report the current Pleasant View Health Care was built in 1953 with a major renovation in 2005. Please indicate if there have been any additions since 1953 and describe the major renovation that occurred in 2005.

The information the applicant was provided by the former owner does not match up with what was reported in the JAR.

According to the previous owner the original structure (not a nursing home construct) was built in 1955 with 11,706 sq. ft. An addition was added in 1986, a wing consisting of 2,664 sq. ft. Another wing was added in 1991 consisting of 2,442 sq. ft., and a detached laundry facility consisting of 800 sq. ft. was added in 2007.

It should be noted all of this is on approximately 1.572 acres of land that literally sits within 40-50 ft. of a major road. The acreage size leaves no room for growth, parking for family, employees, etc. There have been no updates to the original construct which is the major portion of the facility since 1955 other than roof, flooring, windows, wall covering.

6. Section B, Need, Item A (Specific Criteria –Construction, Renovation, Expansion, and Replacement) 2.b. Page 15

It is noted Pine Meadows Healthcare and Rehabilitation Center is located in Hardeman County. According to the 2016 Joint Annual Reports, what is the age of Pine Meadows Healthcare and Rehabilitation Center and has there ever been a major renovation of the nursing home?

According to the 2016 Joint Annual Report, the original date of construction is 1974. There have been no major renovations to the facility.

Please discuss the square footage in the current private and semi-private rooms and how it compares to the square footage of the proposed private and semi-private rooms.

Current Facility:

Private Rooms:	100 sq. ft.
Semi-private Rooms:	192 sq. ft.

Proposed Replacement Facility:

Private Rooms:	230 sq. ft.
Semi-private Rooms:	314 sq. ft.

7. Section B, Need Item 4.A, Page 22

Your response to this item is noted. Using population data from the Department of Health, enrollee data from the Bureau of TennCare, and demographic information from the US Census Bureau, please revise the table in question 4.A. to reflect 2017 (Current Year) and 2021 (Projected Year).

The standards and criteria for Nursing Home Beds in the State Health Plan direct that the planning horizon is two years. That is why the current year is 2017 and the projected year is 2019 as reflected in the table. Those are also the current and projected years on the Department of Health's Bed Need Calculation Table which is Attachment B, Need, 1 (1) to the application.

A second table with the information requested is attached following this response.

1. Section B, Need, Item E.

Your response is noted. Please complete the following tables:

Hardeman County Nursing Home Utilization-2016

Name	Lic. Beds	Beds-MCARE only-certified	Beds-Dually Certified	Beds Level 1 certified MCAID	Licensed Only Beds Non-Certified	SNF MCARE ADC	Level 2 MCAID ADC	skilled All other Payors ADC	Non-skilled ADC	Total ADC
Pine Meadows	134	0	44	90	0	14.4	2.5	1.10	107.0	125.0
Pleasant View	67	0	67	0	0	5.0	1.4	0	45.6	52.0
Total	201	0	111	90	0	19.4	3.9	1.1	152.6	177.0

Source: Nursing Home JAR, 2016 (legend: Medicare=MCARE; TennCare/Medicaid=MCAID)

Hardeman County Nursing Home Utilization Trends-2014-2016

Facility	Licensed Beds	2014 Patient Days	2015 Patient Days	2016 Patient Days	'14- '16 % change	2014 % Occupancy	2015 % Occupancy	2016 % Occupancy
Pine Meadows	134	46570	42486	45729	-1.8%	95.2%	86.7%	93.5%
Pleasant View	67	21648	21648*	19054	-11.9%	88.5%	88.5%	77.9%
Total	201	68218	64134	64783	-5%	91.9% (avg)	87.6%(avg)	85.7%(avg)

Source: Nursing Home JAR, 2013-2015

This is not an error on the writer's part; this is how it was reported on the JARs by the previous owner.

Service Area Patient Accommodation Mix-2016 JAR

Nursing Home	Licensed Beds	Total Private Beds	Total Semi-Private Beds	Total Companion Beds	Ward Beds
Pine Meadows	134	2	132	N/R*	0
Pleasant View	67	12	42	N/R	13
Total	201	14	174	N/R	13

* N/R means not reported on 2016 Joint Annual Reports

2. Section B, Need, Item F.

Your response to this item is noted. Please complete the following charts:

Projected Utilization

Year	Licensed Beds	*Medicare-certified beds	SNF Medicare ADC	Level 2 Medicaid ADC	SNF All other Payors ADC	Non-Skilled ADC	Total ADC	Licensed Occupancy %
------	---------------	--------------------------	------------------	----------------------	--------------------------	-----------------	-----------	----------------------

					ADC			
1	67	67	6	2	3	20	31	47%
2	67	67	8	4	5	43	60	90%

* Includes dually-certified beds

10. Section B, Economic Feasibility, Item B. Funding

The letter from the Bank of Tennessee verifying the applicant has \$9,702,272 available for the proposed project is noted. However, please provide a revised letter that includes the anticipated term of the loan.

A revised funding letter with the anticipated term of the loan is attached following this response.

December 20, 2017**10:09 am**

December 20, 2017

Hardeman County Real Estate Investors, LLC

2020 Northpark, Suite 2D

Johnson City, TN 37604

Dear Mr. Lewis,

We have had favorable preliminary discussions with Hardeman County Real Estate Investors, LLC regarding the planned construction of a 67 bed , skilled nursing facility in Bolivar, TN. Based on those discussions a proposed loan amount of \$9,702,272 is being considered, with an interest rate of 5.50%. The proposed loan terms will consist of interest only during the construction period of 18 months, then converting to monthly principal and interest payments based on a 20 year amortization. These proposed terms are subject to the issuance of a Replacement Facility Certificate of Need and the standard restrictions and conditions of a Commitment Letter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Scarlett M. Dale".

Scarlett M. Dale, SVP
Carter County Bank A
Division of Bank of Tennessee

11. Section B, Economic Feasibility, Item C - Historical Data Chart, Page 28

The Historical Data Chart is noted. However, the applicant reported figures twice (in the heading and sub-heading) for 2015 and 2016 for salaries and wages, rent, and management fees. Please correct and submit a revised page 28 (28-R).

The dual entries were not computed twice in the calculations of the Chart. The dual entries have been removed, and a revised Historical Data Chart is attached following this response.

Please explain why there are no provisions for charity care.

The financial data provided to the applicant by the previous owner which was used to create the Historical data chart did not have a line item for charity care and thus it was not included as such on the Historical Data Chart. The data provided did had all expenses for bad debt and uncollectible accounts in "other expenses." Therefore these amounts are in the "All Other Expense" line of the "Other Expense Category" of the Historical Data Chart.

12. Section B. Economic Feasibility Item E.1) Gross charge, average deduction from operating revenue, and average net charge Page 34

The 2015, Year One, and Year Two gross charges and deduction from revenue for Year Two appear incorrect. In addition, the % change for gross charge and average net charge (2016 to year one) appear incorrect. Please correct and submit a revised page 34 labeled as "34R".

A corrected Replacement Page 34 is attached following this response.

13. Section B. Economic Feasibility Item G., Payor Mix, Page 36

The Projected payor mix table is noted. Please use \$3,177,082.13 as the figure to calculate the payor mix table and submit a revised page 36 labeled as "36R".

A Replacement Page 36 is attached following this response.

14. Section B. Economic Feasibility Item H. Staffing, Page 37

The staffing chart on page 37 is noted. However, there appears to be a slight calculation error for total direct care in Section A. It appears the total staff figure is 40.05 rather than 40.5. Please verify and submit a replacement labeled "37R".

A replacement Page 37 is attached following this response.

Please complete the following chart reflecting the proposed number of direct care hours including nursing care hours per patient per day in Year One.

Direct Care (Non-Nursing) Hours	Nursing Hours	Total Direct Care Hours
0.95	6.31	7.26

15. Section B. Orderly Development, Item A Page 38

Please provide the referenced list of anticipated providers, vendors, and contractors in the applicant's network.

The list was included in the original application. Another copy is attached following this response.

16. Section B. Orderly Development, Item B. (1) Positive Effects Page 38

The applicant notes the inactive facility has 12 private beds and 55 semi-private beds. However, the 2016 JAR reflects 12 private, 42 semi-private, and 13 ward beds. Please clarify.

The JAR is correct.

17. Section B. Quality Measures

Please discuss the applicant's commitment to the proposal in meeting appropriate quality standards by addressing each of the following factors:

- (a) Whether the applicant commits to maintaining an actual payor mix that is comparable to the payor mix projected in its CON application, particularly as it relates to Medicare, TennCare/Medicaid, Charity Care, and the Medically Indigent;

The applicant will do everything within its ability to do so.

- (b) Whether the applicant commits to maintaining staffing comparable to the staffing chart presented in its CON application;

The applicant will always maintain appropriate staffing levels and remain compliant with all regulatory and quality control authorities. The exact number of staffing positions may fluctuate based on census, however.

- (c) Whether the applicant will obtain and maintain all applicable state licenses in good standing;

The applicant commits to do so.

- (d) Whether the applicant will obtain and maintain TennCare and Medicare certification(s), if participation in such programs was indicated in the application;

The applicant commits to do so.

- (e) Whether an existing healthcare institution applying for a CON has maintained substantial compliance with applicable federal and state regulation for the three years prior to the CON application. In the event of

non-compliance, the nature of non-compliance and corrective action shall be considered;

The applicant is a new operator of the facility, effective September 1, 2017. A copy of the previous owner's most recent survey and accepted Plan of Correction are attached to the application as Attachment Section B, Orderly Development, 4, B.

- (f) **Whether an existing health care institution applying for a CON has been decertified within the prior three years. This provision shall not apply if a new, unrelated owner applies for a CON related to a previously decertified facility;**

The applicant is a new, unrelated owner of the facility. To the applicant's knowledge, Pleasant View was not decertified within the past 3 years:

- (g) **Whether the applicant will participate, within 2 years of implementation of the project, in self-assessment and external peer assessment processes used by health care organizations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve.**

The applicant will do so.

- (h) **Whether the applicant will participate, within 2 years of implementation of the project, in self-assessment and external peer assessment processes used by health care organizations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve.**

The applicant will do so. (This appears to be repetitive of (g)).

This may include accreditation by any organization approved by Centers for Medicare and Medicaid Services (CMS) and other nationally recognized programs. The Joint Commission or its successor, for example, would be acceptable if applicable. Other acceptable accrediting organizations may include, but are not limited to, the following:

Christian Care Center of Bolivar will be accredited by the Joint Commission.

For Nursing Home projects, whether the applicant has documented its existing or proposed plan for data reporting, quality improvement, and outcome and

process monitoring systems, including in particular details on its Quality Assurance and Performance Improvement program. As an alternative to the provision of third party accreditation information, applicants may provide information on any other state, federal, or national quality improvement initiatives.

A copy of the Table of Contents of the applicant's Quality Assurance and Performance Improvement Program Manual is attached to the application as Attachment Section A, B, (3).

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF Washington County

NAME OF FACILITY: Christian Care Center of Bolivar

I, Lisa M. Cawood, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

Lisa M. Cawood
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 20th day of December 2017
witness my hand at office in the County of Washington, State of Tennessee.

Denise D. Eith
NOTARY PUBLIC

My commission expires October 29, 2019.

HF-0043

Revised 7/02



Supplemental #2 (Copy)

Christian Care Center
of Bolivar

CN1712-036

December 27, 2017**12:10 PM****SECOND SUPPLEMENTAL REPOSSES****CERTIFICATE OF NEED APPLICATION****FOR****CHRISTIAN CARE CENTER OF BOLIVAR****The Relocation and Replacement of a 67 Bed
Skilled Nursing Facility****Project Number CN1712-036****Hardeman County, Tennessee****December 27, 2017****Contact Person:****Jerry W. Taylor, Esq.
Burr & Forman, LLP
222 2nd Avenue South, Suite 2000
Nashville, Tennessee 37201
615-724-3247**

1. Section A, Project Details, Item 6A. Legal Interest

The fully executed lease for a 67 bed nursing home as described in the application is noted. However, Section 1.19 of the lease lists the address of the current facility (214 North Water Street, Bolivar, TN) not the proposed location. Please provide a revised lease (including Exhibit A) listing the correct address of the proposed project.

An executed lease for the site for the replacement facility is attached following this response.

2. Section B, Need, Item E.

Your response is noted. However, it appears the skilled (All other Payors ADC) for Pine Meadows should be 1.10 rather than 13.4. Please correct and revise the following table:

Hardeman County Nursing Home Utilization-2016

Name	Lic. Beds	Beds-MCARE only-certified	Beds-Dually Certified	Beds Level 1 certified MCAID	Licensed Only Beds Non-Certified	SNF MCARE ADC	Level 2 MCAID ADC	skilled All other Payors ADC	Non-skilled ADC	Total ADC
Pine Meadows	134	0	44	90	0	14.4	2.5	1.10	107.3	125.3
Pleasant View	67	0	67	0	0	5	1.4	0	45.8	52.2
Total	201	0	111	90	0	14.9	3.9	13.4	153.1	177.5

Source: Nursing Home JAR, 2016 (legend: Medicare=MCARE; TennCare/Medicaid=MCAID)

3. Section B. Economic Feasibility Item E.1) Gross charge, average deduction from operating revenue, and average net charge Page 34

Please verify the following table. Please correct and submit a revised page 34 labeled as "34R2".

The corrected table is reflected below. A Replacement Page 34-2 is attached following this response.

	Previous Year 2015	Current Year 2016	Year One	Year Two	% Change (Current Year to Year 2)
Gross Charge (<i>Gross Operating Revenue/Utilization Data</i>)	\$248.94	\$254.35	\$276.85	\$259.19	1.9%
Deduction from Revenue (<i>Total Deductions/Utilization Data</i>)	63.18	\$63.49	\$25.21	\$23.54	-62.9%
Average Net Charge (<i>Net Operating Revenue/Utilization Data</i>)	185.76	\$190.86	\$251.63	\$235.65	23.5%

DEC 27 2017

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF Washington

NAME OF FACILITY: Christian Care Center of Bolivar

I, Lisa Cawood-Gray, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

Lisa Cawood-Gray
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 27 day of December 2017, witness my hand at office in the County of Washington, State of Tennessee.

Denise D. Eith
NOTARY PUBLIC

My commission expires October 29, 2019.

HF-0043

Revised 7/02



Supplemental #A3 (Copy)

Christian Care Center
Of Bolivar

CN1712-036

1. Hardeman County Nursing Home Utilization-2016 Table still has errors. See the attached page with my calculations and submit a revised page.

A Replacement Page is attached following this response.

2. The gross charges, deductions from revenue, and average net charge per day and % changes all appear to be correct. If this has been answered elsewhere then just ignore the questions but there seems to be some unusual swings in the trends. Please provide an explanation for these swings

This was addressed to some extent in a footnote to the table on page 34 of the application, which reads:

"The reason the contractual adjustment is reflected as a large decrease is due to the fact Medicare RUG payments are included as gross revenue in the Projected Data Chart. These payments are higher than the private pay gross charge, and therefore there is no Medicare downward charge adjustments included in the Projected Data Chart."

a. Gross charges per day increase to \$276.85 in Year 1 then drop back down to \$259.19 in Year 2

Since the replacement facility will begin building from a zero census, the first year census is projected to be more heavily Medicare patients coming out of hospital stays. By Year 2 the census will normalize and level out into a larger share of Medicaid patients. Medicare pays higher rates than Medicaid, so the average charges decrease between Year 1 and Year 2.

A table reflecting projected payor mix for Year 1 and Year 2 is attached following this response.

The applicant cannot speak to the former owner's average charges, but notes the provisos owner was operating at a loss in the last year of its operation of the facility.

Applicant's Projected Payor Mix, Year 1

<i>Payor Source</i>	<i>Projected Gross Inpatient Revenue</i>	<i>As a % of total</i>
<i>Medicare/Medicare Managed Care</i>	<i>\$1,101,661</i>	<i>34.70%</i>
<i>TennCare/Medicaid</i>	<i>\$1,685,291</i>	<i>53.09%</i>
<i>Commercial/Other Managed Care</i>	<i>-</i>	<i>-</i>
<i>Self-Pay</i>	<i>\$282,915</i>	<i>8.91%</i>
<i>Charity Care</i>	<i>\$40,186</i>	<i>1.27%</i>
<i>Other (Specify) Hospice</i>	<i>\$64,538</i>	<i>2.03%</i>
<i>Total</i>	<i>\$3,174,591</i>	<i>100%</i>

Applicant's Projected Payor Mix, Year 2

<i>Payor Source</i>	<i>Projected Gross Inpatient Revenue</i>	<i>As a % of total</i>
<i>Medicare/Medicare Managed Care</i>	<i>\$1,687,342</i>	<i>29.75%</i>
<i>TennCare/Medicaid</i>	<i>\$3,547,518</i>	<i>60.96%</i>
<i>Commercial/Other Managed Care</i>	<i>-</i>	<i>-</i>
<i>Self-Pay</i>	<i>\$364,784</i>	<i>6.43%</i>
<i>Charity Care</i>	<i>\$74,092</i>	<i>1.31%</i>
<i>Other (Specify) Hospice</i>	<i>\$87,600</i>	<i>1.54%</i>
<i>Total</i>	<i>\$5,671,336</i>	<i>100%</i>

- b. Deductions from Revenue decline from \$63.49 in 2016 to \$25.21 in Year 1

Please see the explanation in the footnote on page 34 of the application, repeated above.

- c. Average Net Revenue increases 31.8% from \$190.86 in 2016 to \$251.63 in Year 1 then decline to \$235.65 in Year 2.

Please consider the explanations above. A Medicare day yields a greater net patient revenue than does a Medicaid day. Therefore the relative shift of census from Medicare to Medicaid results in a lower average net change.

DEC 28 11:37 AM '17

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON


NAME OF FACILITY: Christian Care Center of Bolivar

I, Jerry W. Taylor, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.



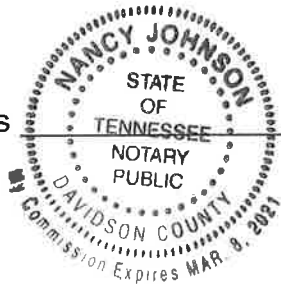
Signature/Title Atty.

Sworn to and subscribed before me, a Notary Public, this the 28th day of December, 2017, witness my hand at office in the County of Davidson, State of Tennessee.



NOTARY PUBLIC

My commission expires _____



HF-0043

Revised 7/02



**RULES
OF
HEALTH SERVICES AND DEVELOPMENT AGENCY**

**CHAPTER 0720-11
CERTIFICATE OF NEED PROGRAM – GENERAL CRITERIA**

TABLE OF CONTENTS

0720-11-.01 General Criteria for Certificate of Need

0720-11-.01 GENERAL CRITERIA FOR CERTIFICATE OF NEED. The Agency will consider the following general criteria in determining whether an application for a certificate of need should be granted:

- (1) Need. The health care needed in the area to be served may be evaluated upon the following factors:
 - (a) The relationship of the proposal to any existing applicable plans;
 - (b) The population served by the proposal;
 - (c) The existing or certified services or institutions in the area;
 - (d) The reasonableness of the service area;
 - (e) The special needs of the service area population, including the accessibility to consumers, particularly women, racial and ethnic minorities, TennCare participants, and low-income groups;
 - (f) Comparison of utilization/occupancy trends and services offered by other area providers;
 - (g) The extent to which Medicare, Medicaid, TennCare, medically indigent, charity care patients and low income patients will be served by the project. In determining whether this criteria is met, the Agency shall consider how the applicant has assessed that providers of services which will operate in conjunction with the project will also meet these needs.
- (2) Economic Factors. The probability that the proposal can be economically accomplished and maintained may be evaluated upon the following factors:
 - (a) Whether adequate funds are available to the applicant to complete the project;
 - (b) The reasonableness of the proposed project costs;
 - (c) Anticipated revenue from the proposed project and the impact on existing patient charges;
 - (d) Participation in state/federal revenue programs;
 - (e) Alternatives considered; and
 - (f) The availability of less costly or more effective alternative methods of providing the benefits intended by the proposal.

(Rule 0720-11-.01, continued)

- (3) Quality. Whether the proposal will provide health care that meets appropriate quality standards may be evaluated upon the following factors:
 - (a) Whether the applicant commits to maintaining an actual payor mix that is comparable to the payor mix projected in its CON application, particularly as it relates to Medicare, TennCare/Medicaid, Charity Care, and the Medically Indigent;
 - (b) Whether the applicant commits to maintaining staffing comparable to the staffing chart presented in its CON application;
 - (c) Whether the applicant will obtain and maintain all applicable state licenses in good standing;
 - (d) Whether the applicant will obtain and maintain TennCare and Medicare certification(s), if participation in such programs was indicated in the application;
 - (e) Whether an existing healthcare institution applying for a CON has maintained substantial compliance with applicable federal and state regulation for the three years prior to the CON application. In the event of non-compliance, the nature of non-compliance and corrective action shall be considered;
 - (f) Whether an existing health care institution applying for a CON has been decertified within the prior three years. This provision shall not apply if a new, unrelated owner applies for a CON related to a previously decertified facility;
 - (g) Whether the applicant will participate, within 2 years of implementation of the project, in self-assessment and external peer assessment processes used by health care organizations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve.
 1. This may include accreditation by any organization approved by Centers for Medicare and Medicaid Services (CMS) and other nationally recognized programs. The Joint Commission or its successor, for example, would be acceptable if applicable. Other acceptable accrediting organizations may include, but are not limited to, the following:
 - (i) Those having the same accrediting standards as the licensed hospital of which it will be a department, for a Freestanding Emergency Department;
 - (ii) Accreditation Association for Ambulatory Health Care, and where applicable, American Association for Accreditation of Ambulatory Surgical Facilities, for Ambulatory Surgical Treatment Center projects;
 - (iii) Commission on Accreditation of Rehabilitation Facilities (CARF), for Comprehensive Inpatient Rehabilitation Services and Inpatient Psychiatric projects;
 - (iv) American Society of Therapeutic Radiation and Oncology (ASTRO), the American College of Radiology (ACR), the American College of Radiation Oncology (ACRO), National Cancer Institute (NCI), or a similar accrediting authority, for Megavoltage Radiation Therapy projects;
 - (v) American College of Radiology, for Positron Emission Tomography, Magnetic Resonance Imaging and Outpatient Diagnostic Center projects;

(Rule 0720-11-.01, continued)

- (vi) Community Health Accreditation Program, Inc., Accreditation Commission for Health Care, or another accrediting body with deeming authority for hospice services from CMS or state licensing survey, and/or other third party quality oversight organization, for Hospice projects;
 - (vii) Behavioral Health Care accreditation by the Joint Commission for Nonresidential Substitution Based Treatment Center, for Opiate Addiction projects;
 - (viii) American Society of Transplantation or Scientific Registry of Transplant Recipients, for Organ Transplant projects;
 - (ix) Joint Commission or another appropriate accrediting authority recognized by CMS, or other nationally recognized accrediting organization, for a Cardiac Catheterization project that is not required by law to be licensed by the Department of Health;
 - (x) Participation in the National Cardiovascular Data Registry, for any Cardiac Catheterization project;
 - (xi) Participation in the National Burn Repository, for Burn Unit projects;
 - (xii) Community Health Accreditation Program, Inc., Accreditation Commission for Health Care, and/or other accrediting body with deeming authority for home health services from CMS and participation in the Medicare Quality Initiatives, Outcome and Assessment Information Set, and Home Health Compare, or other nationally recognized accrediting organization, for Home Health projects; and
 - (xiii) Participation in the National Palliative Care Registry, for Hospice projects.
- (h) For Ambulatory Surgical Treatment Center projects, whether the applicant has estimated the number of physicians by specialty expected to utilize the facility, developed criteria to be used by the facility in extending surgical and anesthesia privileges to medical personnel, and documented the availability of appropriate and qualified staff that will provide ancillary support services, whether on- or off-site.
- (i) For Cardiac Catheterization projects:
1. Whether the applicant has documented a plan to monitor the quality of its cardiac catheterization program, including but not limited to, program outcomes and efficiencies;
 2. Whether the applicant has agreed to cooperate with quality enhancement efforts sponsored or endorsed by the State of Tennessee, which may be developed per Policy Recommendation; and
 3. Whether the applicant will staff and maintain at least one cardiologist who has performed 75 cases annually averaged over the previous 5 years (for an adult program), and 50 cases annually averaged over the previous 5 years (for a pediatric program).
- (j) For Open Heart projects:

(Rule 0720-11-.01, continued)

1. Whether the applicant will staff with the number of cardiac surgeons who will perform the volume of cases consistent with the State Health Plan (annual average of the previous 2 years), and whether the applicant will maintain this volume in the future;
 2. Whether the applicant will staff and maintain at least one surgeon with 5 years of experience;
 3. Whether the applicant will participate in a data reporting, quality improvement, outcome monitoring, and peer review system that benchmarks outcomes based on national norms, with such a system providing for peer review among professionals practicing in facilities and programs other than the applicant hospital (demonstrated active participation in the STS National Database is expected and shall be considered evidence of meeting this standard);
- (k) For Comprehensive Inpatient Rehabilitation Services projects, whether the applicant will have a board-certified physiatrist on staff (preferred);
 - (l) For Home Health projects, whether the applicant has documented its existing or proposed plan for quality data reporting, quality improvement, and an outcome and process monitoring system;
 - (m) For Hospice projects, whether the applicant has documented its existing or proposed plan for quality data reporting, quality improvement, and an outcome and process monitoring system;
 - (n) For Megavoltage Radiation Therapy projects, whether the applicant has demonstrated that it will meet the staffing and quality assurance requirements of the American Society of Therapeutic Radiation and Oncology (ASTRO), the American College of Radiology (ACR), the American College of Radiation Oncology (ACRO), National Cancer Institute (NCI), or a similar accrediting authority;
 - (o) For Neonatal Intensive Care Unit projects, whether the applicant has documented its existing or proposed plan for data reporting, quality improvement, and outcome and process monitoring system; whether the applicant has documented the intention and ability to comply with the staffing guidelines and qualifications set forth by the Tennessee Perinatal Care System Guidelines for Regionalization, Hospital Care Levels, Staffing and Facilities; and whether the applicant will participate in the Tennessee Initiative for Perinatal Quality Care (TIPQC);
 - (p) For Nursing Home projects, whether the applicant has documented its existing or proposed plan for data reporting, quality improvement, and outcome and process monitoring systems, including in particular details on its Quality Assurance and Performance Improvement program. As an alternative to the provision of third party accreditation information, applicants may provide information on any other state, federal, or national quality improvement initiatives;
 - (q) For Inpatient Psychiatric projects:
 1. Whether the applicant has demonstrated appropriate accommodations for patients (e.g., for seclusion/restraint of patients who present management problems and children who need quiet space; proper sleeping and bathing arrangements for all patients), adequate staffing (i.e., that each unit will be staffed with at least two direct patient care staff, one of which shall be a nurse, at all

(Rule 0720-11-.01, continued)

- times), and how the proposed staffing plan will lead to quality care of the patient population served by the project;
 2. Whether the applicant has documented its existing or proposed plan for data reporting, quality improvement, and outcome and process monitoring system; and
 3. Whether an applicant that owns or administers other psychiatric facilities has provided information on satisfactory surveys and quality improvement programs at those facilities.
- (r) For Freestanding Emergency Department projects, whether the applicant has demonstrated that it will satisfy and maintain compliance with standards in the State Health Plan;
 - (s) For Organ Transplant projects, whether the applicant has demonstrated that it will satisfy and maintain compliance with standards in the State Health Plan; and
 - (t) For Relocation and/or Replacement of Health Care Institution projects:
 1. For hospital projects, Acute Care Bed Need Services measures are applicable; and
 2. For all other healthcare institutions, applicable facility and/or service specific measures are applicable.
 - (u) For every CON issued on or after the effective date of this rule, reporting shall be made to the Health Services and Development Agency each year on the anniversary date of implementation of the CON, on forms prescribed by the Agency. Such reporting shall include an assessment of each applicable volume and quality standard and shall include results of any surveys or disciplinary actions by state licensing agencies, payors, CMS, and any self-assessment and external peer assessment processes in which the applicant participates or participated within the year, which are relevant to the health care institution or service authorized by the certificate of need. The existence and results of any remedial action, including any plan of correction, shall also be provided.
 - (v) HSDA will notify the applicant and any applicable licensing agency if any volume or quality measure has not been met.
 - (w) Within one month of notification the applicant must submit a corrective action plan and must report on the progress of the plan within one year of that submission.
- (4) Contribution to the Orderly Development of Adequate and Effective Healthcare Facilities and/or Services. The contribution which the proposed project will make to the orderly development of an adequate and effective health care system may be evaluated upon the following factors:
 - (a) The relationship of the proposal to the existing health care system (for example: transfer agreements, contractual agreements for health services, the applicant's proposed TennCare participation, affiliation of the project with health professional schools);
 - (b) The positive or negative effects attributed to duplication or competition; and

(Rule 0720-11-.01, continued)

- (c) The availability and accessibility of human resources required by the proposal, including consumers and related providers.
- (5) Applications for Change of Site. When considering a certificate of need application which is limited to a request for a change of site for a proposed new health care institution, The Agency may consider, in addition to the foregoing factors, the following factors:
 - (a) Need. The applicant should show the proposed new site will serve the health care needs in the area to be served at least as well as the original site. The applicant should show that there is some significant legal, financial, or practical need to change to the proposed new site.
 - (b) Economic factors. The applicant should show that the proposed new site would be at least as economically beneficial to the population to be served as the original site.
 - (c) Quality of Health Care to be provided. The applicant should show the quality of health care to be provided will be served at least as well as the original site.
 - (d) Contribution to the orderly development of health care facilities and/or services. The applicant should address any potential delays that would be caused by the proposed change of site, and show that any such delays are outweighed by the benefit that will be gained from the change of site by the population to be served.
- (6) Certificate of need conditions. In accordance with T.C.A. § 68-11-1609, The Agency, in its discretion, may place such conditions upon a certificate of need it deems appropriate and enforceable to meet the applicable criteria as defined in statute and in these rules.

Authority: T.C.A. §§ 4-5-202, 4-5-208, 68-11-1605, 68-11-1609, and 2016 Tenn. Pub. Acts Ch. 1043.

Administrative History: Original rule filed August 31, 2005; effective November 14, 2005. Emergency rule filed May 31, 2017; effective through November 27, 2017.

**CERTIFICATE OF NEED
REVIEWED BY THE DEPARTMENT OF HEALTH
DIVISION OF POLICY, PLANNING AND ASSESSMENT
615-741-1954**

DATE: February 28, 2018

APPLICANT: Christian Care Center of Bolivar f/k/a
Pleasant View Health Care Center
Unaddressed site on Highway 64 and Lucy Black Road
Bolivar, Tennessee 38008

CONTACT PERSON: Jerry W. Taylor, Esquire
Burr & Forman, LLP
511 Union Street, Suite 2300
Nashville, Tennessee 37219

COST: \$9,702,271.11

In accordance with Section 68-11-1608(a) of the Tennessee Health Services and Planning Act of 2002, the Tennessee Department of Health, Division of Policy, Planning, and Assessment, reviewed this certificate of need application for financial impact, TennCare participation, compliance with *Tennessee's State Health Plan*, and verified certain data. Additional clarification or comment relative to the application is provided, as applicable, under the heading "Note to Agency Members."

SUMMARY:

The former nursing home known as Pleasant View Health Care Center was acquired by new owner Christian Care Center of Bolivar, LLC (CCC of Bolivar), effective September 1, 2017. During the acquisition, operations were temporarily suspended and the State license was placed in an Inactive status. This application seeks approval to construct a new replacement center and relocate the facility approximately 3.7 miles from the existing location.

The previous owner, Pleasant View Nursing Home, was able to transition all patients so that there were no patients in the facility at the date of acquisition to CCC of Bolivar, LLC.

CCC of Bolivar, LLC is solely owned by J. R. Lewis.

GENERAL CRITERIA FOR CERTIFICATE OF NEED

The applicant responded to all of the general criteria for Certificate of Need as set forth in the document *Tennessee's State Health Plan*.

NEED:

The existing facility was deemed to be in very poor physical condition and posed a significant safety issue for patients and would have been too costly to make the needed repairs and renovations. The construction and relocation of a new facility was the most cost effective option to continue operations.

The new facility will add no new services or increase bed numbers. All beds will be dually certified for TennCare and Medicare. Beds will be comprised of 42 of the 67 beds as private, which should make the facility more attractive and increase utilization.

The service area is Hardeman County, Tennessee. The two most recent Joint Annual Reports for the previous Pleasant View facility show that nearly 100% of patients originated in Hardeman County.

The 2017 Hardeman County total population is 27,287, decreasing to 27,279 in 2019, a decrease of -1.8%. The 2017 65+ age population was 4,772, increasing to 5,030 in 2019, an increase of 5.4%.

The Nursing Home Utilization for Hardeman County nursing home facilities is provided below:

Hardeman County Nursing Home Utilization, 2016

County	Nursing Home	Licensed. Beds	Total Days of Care	Licensed Occupancy
Hardeman	Pine Meadows Healthcare and Rehab Center	134	45,729	93.5%
Hardeman	Pleasant View Health Care Center	67	19,054	77.9%
Total		201	64,783	88.3%

Joint Annual Report of Nursing Homes, 2016 Final, Tennessee Department of Health Division of Policy, Planning, and Assessment

The Department of Health calculates a total need of 217 Nursing Home beds in Hardeman County. There are 201 existing beds, including the 67 licensed but inactive beds of CCC of Bolivar, leaving a need for 16 more nursing home beds. The application does not add new beds to the bed count in Hardeman County, but constructs a new facility at a different location.

County	Nursing Home Name	Total Licensed Beds	Total Days of Care	Licensed Occupan cy	SNF Beds - Medicare	SNF/NF Beds - Dually	NF Beds - Medicaid	Licensed Only Beds	NF - ADC (Medicaid/ Level I)	SNF Medicare /Level II	NF - ADC (Total)	Medicaid/ TennCare Level I	Total Level I Days of	Medicare Total Days of	Total Level II Days of
Hardeman		201	64,783	88.3%	0	111	90	0	98	19	153	35,759	55,882	7,072	8,901
Hardeman	Pine Meadows Healthcare and	134	45,729	93.5%	0	44	90	0	95	14	107	34,666	39,175	5,251	6,554
Hardeman	Pleasant View Health Care Ce	67	19,054	77.9%	0	67	0	0	3	5	46	1,093	16,707	1,821	2,347

*Christian Care Center of Bolivar, previously Pleasant View Health Care Center, is currently on inactive status for its license and underwent a Change of Ownership (CHOW) from Pleasant View Health Care on July 21, 2017.

TENNCARE/MEDICARE ACCESS:

CCC of Bolivar is currently applying for certifications with Medicaid/TennCare and Medicaid, with participations in Amerigroup, United Community plan, and BlueCare.

ECONOMIC FACTORS/FINANCIAL FEASIBILITY:

The Department of Health, Division of Policy, Planning, and Assessment have reviewed the Project Costs Chart, the Historical Data Chart, and the Projected Data Chart to determine if they are mathematically accurate and if the projections are based on the applicant's anticipated level of utilization. The location of these charts may be found in the following specific locations in the Certificate of Need Application or the Supplemental material:

Project Costs Chart: The Projected Costs Chart is located on page 25 of the application. The total project cost is \$9,702,271, with \$8,007,700 for land acquisition and construction costs, and \$974,102 for equipment, furniture and fixtures, and \$280,000 for interim financing, at a cost of \$175 per square foot.

Funding will be provided by a bank loan from Bank of Tennessee for approximately \$9.7 million and a line of credit from Bank of Tennessee for \$1 million. Funding letters can be found as Attachment Section B, Economic Feasibility, 2.

Historical Data Chart: The Historical Data Chart is located page 28 R in Supplemental 1, of the application. The applicant reported 20,743 and 19,054 patient days in 2015, and 2016 with net operating revenues of \$154,501 and (\$182,389) respectively. Data for 2014 was not available from the previous owner.

Projected Data Chart: The Projected Data Chart is located on page 31 of the application showing Net Income/(Loss) of (\$570,906) and \$492,595 in years one and two respectively.

Year 1: 11, 467 Patient days 47% occupancy

Year 2: 21,900 Patient days 90% occupancy

Proposed Charge Schedule

	Previous Year 2015	Current Year 2016	Year One	Year Two	% Change
Gross Charge	\$248.94	\$254.35	\$276.85	\$259.19	1.9%
Average Deduction	\$63.18	\$63.49	\$25.21	\$25.54	-62.9%
Average Net Charge	\$185.76	\$190.86	\$251.63	\$235.65	23.5%

The only other nursing home in Hardeman County, Pine Meadows Health Care and Rehabilitation Centers, average gross charge for 2016 was \$210.96 as compared to the previous owner of CCC of Bolivar's average gross charge of \$254.35.

Project Payor Mix Year One

Payor Source	Projected Gross Operating Revenue	% of Total
Medicare/Medicare Managed Care	\$1,101,661	34.7%
TennCare/Medicaid	\$1,685,291	53.09%
Commercial/Other Managed Care	-	-
Self-Pay	\$282,915	8.91%
Other-Hospice	\$64,538	2.03%
Charity Care	\$40,186	1.27%
Total	\$3,174,591	100%

Supplemental A3

CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTHCARE:

This application is for a replacement facility only. The new facility will add no new services or increase bed numbers. All beds will be dually certified for TennCare and Medicare.

The existing facility will be donated to The Warriors Center, a non-profit organization that provides faith based substance abuse recovery services, transitional housing, and food to veterans.

There is one other Nursing home in Hardeman County, Pine Meadows Healthcare and Rehabilitation Center. This center has 137 skilled nursing beds and had occupancy of 93.5% in 2016. 132 of Pine Meadows 134 beds are semi-private. CCC of Bolivar beds will be comprised of 42 of the 67 beds as private, which should make the facility more attractive and increase utilization.

No other alternatives to operating the current 67 beds were considered as viable options due to several physical facility deficiencies:

- All major facility systems would need to be upgraded or replaced.
- The existing structure would not comply with many of the current Medicare and Medicaid standards for certification.
- Inadequate square footage required for high quality SNF services

The applicant provides an extensive list of needed upgrades, renovations, and potential deficiencies in Supplemental 1, page 3 and 4 of the application.

A Project Completion Forecast Chart is located on page 46 of the application. This details the proposed HSDA approval date of April 2018, leading to a Final Project Report Form being submitted April 2020.

CCC of Bolivar does not currently participate in student training programs but has expressed interest in clinical affiliations with several medical colleges.

QUALITY MEASURES:

The applicant states that the consulting management operator for CCC of Bolivar, Care Centers Management, Inc., are experienced long term care operators of seven nursing facilities in Tennessee and one in Kentucky. CCC of Bolivar will submit and apply for accreditation with the Joint Commission. The applicant will continue to comply with its Quality Assurance and Performance Improvement Program.

SPECIFIC CRITERIA FOR CERTIFICATE OF NEED

The applicant responded to all relevant specific criteria for Certificate of Need as set forth in the document *Tennessee's State Health Plan*.

STATE HEALTH PLAN CERTIFICATE OF NEED STANDARDS AND CRITERIA FOR NURSING HOME SERVICES

The Health Services and Development Agency (HSDA) may consider the following standards and criteria for applications seeking to provide nursing home services as defined by Tennessee Code Annotated (TCA) Section 68-11-201(28). Rationale statements are provided for standards to explain the Division of Health Planning's (Division) underlying reasoning and are meant to assist stakeholders in responding to these Standards and to assist the HSDA in its assessment of certificate of need (CON) applications. Existing providers of nursing home services are not affected by these Standards and Criteria unless they take an action that requires a new CON for such services.

NOTE: TCA Section 68-11-1622 states that the HSDA "shall issue no certificates of need for new nursing home beds, including the conversion of hospital beds to nursing home beds or swing beds," other than a designated number of such beds per fiscal year, "to be certified as Medicare skilled nursing facility (SNF) beds...." Additionally, this statute states that the number of Medicare SNF beds issued under this section shall not exceed the allotted number of such beds per applicant. The applicant should also specify in the application the skilled services to be provided and how the applicant intends to provide such skilled services.

NOTE: An applicant that is not requesting a CON to add new nursing home beds shall have its application reviewed by the HSDA staff and considered by the HSDA pursuant to TCA Section 68-11-1609.

Standards and Criteria

1. Determination of Need.

The need for nursing home beds for each county in the state should be determined by applying the following population-based statistical methodology:

$$\text{Need} = .0005 \times \text{population 65 and under, plus}$$

.012 x population 65-74, plus
 .060 x population 75-84, plus
 .150 x population 85 +

The Department of Health calculates a total need of 217 Nursing Home beds in Hardeman County. There are 201 existing beds, including the 67 licensed but inactive beds of CCC of Bolivar, leaving a need for 16 more nursing home beds. The application does not add new beds to the bed count in Hardeman County, but constructs a new facility at a different location.

2. **Planning horizon:** The need for nursing home beds shall be projected two years into the future from the current year.

The applicant's service area is Hardeman County. The 2017 Hardeman County total population is 27,287, decreasing to 27,279 in 2019, a decrease of -1.8%. The 2017 65+ population was 4,772, increasing to 5,030 in 2019, an increase of 5.4%.

3. **Establishment of Service Area:** A majority of the population of the proposed Service Area for any nursing home should reside within 30 minutes travel time from that facility. Applicants may supplement their applications with sub-county level data that are available to the general public to better inform the HSDA of granular details and trends; however, the need formula established by these Standards will use the latest available final JAR data from the Department of Health. The HSDA additionally may consider geographic, cultural, social, and other aspects that may impact the establishment of a Service Area.

The service area is Hardeman County, Tennessee. The two most recent Joint Annual Reports for the previous Pleasant View facility show that nearly 100% of patients originated in Hardeman County.

4. **Existing Nursing Home Capacity:** In general, the Occupancy Rate for each nursing home currently and actively providing services within the applicant's proposed Service Area should be at or above 90% to support the need for any project seeking to add new nursing home beds within the Service Area and to ensure that the financial viability of existing facilities is not negatively impacted.

Hardeman County Nursing Home Utilization, 2016

County	Nursing Home	Licensed. Beds	Total Days of Care	Licensed Occupancy
Hardeman	Pine Meadows Healthcare and Rehab Center	134	45,729	93.5%
Hardeman	Pleasant View Health Care Center	67	19,054x	77.9%
Total		201	64,783	88.3%

Joint Annual Report of Nursing Homes, 2016 Final, Tennessee Department of Health Division of Policy, Planning, and Assessment

5. **Outstanding Certificates of Need:** Outstanding CONs should be factored into the decision whether to grant an additional CON in a given Service Area or county until an outstanding CON's beds are licensed.
No outstanding CONs for Nursing Home

6. **Data:** The Department of Health data on the current supply and utilization of licensed and CON-approved nursing home beds should be the data source employed hereunder, unless otherwise noted.
DOH staff confirmed the utilization data used by the applicant.

7. **Minimum Number of Beds:** A newly established free-standing nursing home should have a sufficient number of beds to provide revenues to make the project economically feasible and thus is encouraged to have a capacity of least 30 beds. However, the HSDA

should consider exceptions to this standard if a proposed applicant can demonstrate that economic feasibility can be achieved with a smaller facility in a particular situation.
Not applicable.

8. **Encouraging Facility Modernization:** The HSDA may give preference to an application that:

- a. Proposes a replacement facility to modernize an existing facility.
This application seeks approval for a new replacement facility. The applicant included a detailed summary of amenities for the new facility on page 5 of Supplemental 1. A letter provided by Ken Ross Architects detailing the compliance with building codes is included in Attachment Section B, Economic Feasibility, 1.
- b. Seeks a certificate of need for a replacement facility on or near its existing facility operating location. The HSDA should evaluate whether the replacement facility is being located as closely as possible to the location of the existing facility and, if not, whether the need for a new, modernized facility is being impacted by any shift in the applicant's market due to its new location within the Service Area.
The replacement facility is located 3.7 miles from the existing center.
- c. Does not increase its number of operating beds.
This application does not increase bed number.

9. **Adequate Staffing:** An applicant should document a plan demonstrating the intent and ability to recruit, hire, train, assess competencies of, supervise, and retain the appropriate numbers of qualified personnel to provide the services described in the application and that such personnel are available in the proposed Service Area. However, when considering applications for replacement facilities or renovations of existing facilities, the HSDA may determine the existing facility's staff would continue without significant change and thus would be sufficient to meet this Standard without a demonstration of efforts to recruit new staff.

Staffing for the facility will consist of 41 Full Time Equivalent positions, and 15 non direct patient care positions.

10. **Community Linkage Plan:** The applicant should describe its participation, if any, in a community linkage plan, including its relationships with appropriate health care system providers/services and working agreements with other related community services to assure continuity of care. If they are provided, letters from providers (including, e.g., hospitals, hospice services agencies, physicians) in support of an application should detail specific instances of unmet need for nursing home services.

The applicant provided a list of potential vendors and /or health care affiliates in Attachment Section B, Orderly Development, 1.

11. **Access:** The applicant should demonstrate an ability and willingness to serve equally all of the Service Area in which it seeks certification. In addition to the factors set forth in HSDA Rule 0720-11-.01(1) (listing the factors concerning need on which an application may be evaluated), the HSDA may choose to give special consideration to an applicant that is able to show that there is limited access in the proposed Service Area. However, an applicant should address why Service Area residents cannot be served in a less restrictive and less costly environment and whether the applicant provides or will provide other services to residents that will enable them to remain in their homes.

The applicant states that CCC of Bolivar will serve all patients, regardless of race, age, gender, nationality, payor source or economic status.

The only other nursing facility in Hardeman County, Pine Meadows Healthcare and Rehabilitation Center, had a utilization rate of 93.5% in 2016. The ability for CCC of Bolivar to commence operations will help provide the needed access to skilled nursing care needed in the county.

12. **Quality Control and Monitoring:** The applicant should identify and document its existing or proposed plan for data reporting, quality improvement, and outcome and process monitoring systems, including in particular details on its Quality Assurance and Performance Improvement program as required by the Affordable Care Act. As an alternative to the provision of third party accreditation information, applicants may provide information on any other state, federal, or national quality improvement initiatives. An applicant that owns or administers other nursing homes should provide detailed information on their surveys and their quality control programs at those facilities, regardless of whether they are located in Tennessee.

The applicant states that the consulting management operator for CCC of Bolivar, Care Centers Management, Inc., are experienced long term care operators of seven nursing facilities in Tennessee and one in Kentucky. CCC of Bolivar will submit and apply for Accreditation with the Joint Commission. The applicant will continue to comply with its Quality Assurance and Performance Improvement Program.

13. **Data Requirements:** Applicants should agree to provide the TDH and/or the HSDA with all reasonably requested information and statistical data related to the operation and provision of services at the applicant's facility and to report that data in the time and format requested. As a standard of practice, existing data reporting streams will be relied upon and adapted over time to collect all needed information.

The applicant agrees to supply such data as required.

14. **Additional Occupancy Rate Standards:**

- a. An applicant that is seeking to add or change bed component within a Service Area should show how it projects to maintain an average occupancy rate for all licensed beds of at least 90 percent after two years of operation.

No additional beds are requested with this application.

Year 1: 11, 467 Patient days 47% occupancy

Year 2: 21,900 Patient days 90% occupancy

- b. There should be no additional nursing home beds approved for a Service Area unless each existing facility with 50 beds or more has achieved an average annual occupancy rate of 90 percent. In determining the Service Area's occupancy rate, the HSDA may choose not to consider the occupancy rate of any nursing home in the proposed Service Area that has been identified by the TDH Regional Administrator as consistently noncomplying with quality assurance regulations, based on factors such as deficiency numbers outside of an average range or standards of the Medicare 5 Star program.

There is one other Nursing home in Hardeman County, Pine Meadows Healthcare and Rehabilitation Center. This center has 137 skilled nursing beds and had occupancy of 93.5% in 2016. 132 of Pine Meadows 134 beds are semi-private. CCC of Bolivar beds will be comprised of 42 of the 67 beds as private, which should make the facility more attractive and increase utilization.

County	Nursing Home Name	Total Licensed Beds	Total Days of Care	Licensed Occupan cy	SNF Beds - Medicare	SNF/NF Beds - Dually	NF Beds - Medicaid	Licensed Only Beds	NF - ADC (Medicaid/ Level I	SNF Medicare /Level II	NF - ADC (Total)	Medicaid/ TennCare Level I	Total Level I Days of	Medicare Total Days of	Total Level II Days of
Hardeman		201	64,783	88.3%	0	111	90	0	98	19	153	35,759	55,882	7,072	8,901
Hardeman	Pine Meadows Healthcare and Rehabilitation Center	134	45,729	93.5%	0	44	90	0	95	14	107	34,666	39,175	5,251	6,554
Hardeman	Pleasant View Health Care Center	67	19,054	77.9%	0	67	0	0	3	5	46	1,093	16,707	1,821	2,347

c. A nursing home seeking approval to expand its bed capacity should have maintained an occupancy rate of 90 percent for the previous year.

No additional beds are requested with this application.